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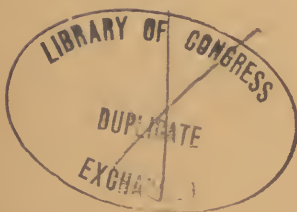


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The Physician's Business

AND

Financial Adviser

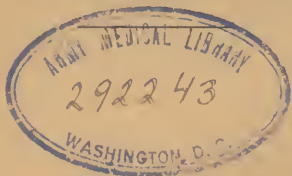
BY

DR. C. R. MABEE

IT

Cleveland, Ohio

THIRD EDITION



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INTRODUCTORY.

In England, Germany and France periodicals are published in the business and financial interests of the medical profession. The average yearly subscription for these journals, in our money, would be from one to four dollars, and the circulation equal to that of the best publications in America. To one who has not looked into this matter it would seem strange that one or more journals of this class have not been offered to the profession in the United States.

Dr. Mueller of New York called the attention of prominent members of a New York medical society to the fact that a journal of this nature would benefit the American practitioner, but being unable to obtain the support he desired, he let the matter drop. Later he failed in an attempt to interest the Philadelphia publishers, meeting with the same objections as in New York.

One of these objections came in his inability to obtain suitable associate editors among what he termed "The Dictators of the Profession," or in other words, those physicians, who, by their ability, tact or good fortune, have obtained for themselves an

income of such proportions that they are in a position where the financial question is not as important as it is to the average doctor. Those physicians who are always dictating to their brothers what is ethical and what is not, are often those who have inherited or married more wealth than they have accumulated, as was the case with some of those Dr. Mueller approached. To bear out this statement, we have but to refer to the physicians and surgeons who controlled the stock in the medical colleges—perhaps the one at which you graduated. The stockholders elect the board of directors; the board of directors elect the board of management or the managing committee, and as a result those who supply the money usually supply themselves with the most lucrative and influential positions. The college, through its affiliation with the hospitals, places these men on the hospital staff at the same time.

In this manner it is plain to be seen how money assists an M. D. in his practice, provided he has the courage to invest it. Those who do invest should not be opposed by jealous physicians who had the money but not the enterprise, as is often the case.

These physicians are only to be condemned for the use of their money inasmuch as it injures the regular practitioner by dishonest methods.

In these days of strife a medical publication must obtain the assent of men in high standing in order to assure its success. As will be seen later, the

greater number of these men approach the pinnacle of their fame by hypocrisy, inasmuch as they advocate ethics while unethical themselves.

It is a pity that men of this calibre should have prevented such a useful publication as Dr. Mueller's from reaching the regular practitioner. That book has yet to be published in the business and financial interests of physicians which has not been criticised, and it is fully expected that this book will receive its share.

PUBLISHERS' NOTICE.

This edition, which was ready for delivery some time ago, has been unavoidably delayed in its delivery owing to a technical point in the copyright laws which forced "The Author," on November 15, 1899, to throw out about one-half of the matter which had been wrongfully copyrighted by competing publishers. A large number of orders having been received in the meantime, the necessity for an early delivery was imperative, and the author was forced to furnish new matter in a limited space of time. For this as well as the delay, we thank our patrons for the indulgence shown.

THE PUBLISHERS.

Cleveland, O., Nov. 20, 1899.

THE ETHICS OF MEDICAL ADVERTISING.

BY R. H. BABCOCK, A. M., M. D., Chicago.

Tradition and custom have clearly established the ethics of medical advertising in so far as this pertains to the public. All means are dishonorable and quackish which are intended to advertise the practitioner of medicine as such, directly to the people. The employment of such methods reduces the healing art to a business in which success, other things being equal, is proportionate to the cleverness of the advertising. Yet so prevalent have such business methods become that it would seem to the pessimist as if our inherently noble profession were already dominated by the commercial spirit of the age. Not only do the newspapers teem with alluring announcements of the advertiser's marvelous ability to cure all sorts of complaints as proved by testimonials from ignorant or deceived dupes, but the government mails are loaded with circulars of a similar nature. Private dispensaries abound, in which charge is made only for medicines, the medical opinion being furnished gratis, because no doubt it is worth less than the drugs. Traveling doctors visit certain

towns periodically, having announced their coming in advance, through the columns of the local press. In all such cases a business-like routine in the examination and treatment of customers is pursued that would be amusing if it did not concern human life. Fortunately such methods are so grossly disreputable that they recommend themselves to relatively few of the large number of men yearly licensed to practice medicine. Yet the financial returns illustrate how successfully such methods of practice may be carried on.

There are still other manifestations of this commercialism which, although not so conspicuous, should no less receive condemnation. One is the custom prevailing, as I am told, among the practitioners at some well-known mineral springs resorts, of sending out agents to board incoming trains and induce seekers after health to patronize their respective employers.

Another objectionable method is practiced by two surgeons owning a private hospital in Chicago. These professional gentlemen are said to employ advance agents, or cappers, who travel about in rural districts and work up surgical cases for the hospital in question. Soon after the principals appear on the scene and consummate the contracts instituted by their agents. From an ethical stand-

point comment on such methods is unnecessary; they condemn themselves.

This now brings us to the consideration of the following questions: Should a medical man contribute to the public press, over his own signature, letters or articles on medical topics, particularly such as pertain to his special work? Should he permit published interviews with him concerning medical questions, such as new operations, new medical treatments, discoveries, of pathogenic organisms, etc.? Should he allow newspaper accounts of his difficult and rare operations? Lastly, Should he address clubs or public assemblies on medical subjects of public concern? Regarding press reports of brilliant operations I think there can be but one opinion, which is that they smack of advertising. Granting interviews for publication also seems to me not quite ethical, although in passing judgment one should consider the manner and frequency with which it is done. If the distinguished doctor's picture appear at the top of the interview, or if his titles, society connections, hospital and college appointments, etc., be prominently stated, even though on the pretext of adding weight to his utterances, the physician lays himself open to the suspicion of desiring to thus attract public notice. To be strictly ethical, should not all contributions on medical

matters to newspapers and magazines be signed simply "a physician," or perhaps at the most with the doctor's name without M. D., and of course without his address? Likewise public lectures on whatever theme should be given with as little ostentation as possible, as it goes without saying that the speaker should not say anything that could be construed into a public announcement or advertisement of his special line of medical work. Some physicians go so far as to characterize such written and spoken utterances to the people as not in good form even if not positively objectionable. But I think this a refinement of medical ethics which savors of phariseeism. The physician's duty is not merely to diagnose or treat disease, but to carry out prophylaxis and to instruct the people how to prevent disease through an intelligent appreciation of conditions, measures, and requirements for public health and hygiene. To be sure, boards of public health exist; but this does not relieve, from responsibility, the rank and file of the medical profession; and if a doctor honestly endeavor to contribute his mite to the good of humanity, even though it bring him rather prominently before the people, he should not be censured, provided his motives be unselfish and his methods inoffensive. It seems to me that to unconditionally condemn the medical profession to silence before the

public would be as hypercritical as would be the decree that a doctor should not affix M. D. to his name on hotel registers, lists of club members, etc., on the ground that a lawyer does not write "attorney" after his signature. The word doctor is a distinguishing title which serves as a very useful appellation in a community where the same name is so likely to be possessed by more than one individual.

The general practitioner depends for his support on the people amid whom he lives and therefore must address himself to them. In a sense this is advertising, but as a rule it is strictly *en regle*. The very use of his sign is an advertisement; and to be in good form it should be modest.

If it swing in the breeze like a tavern sign, or if his name be emblazoned in gigantic gilt lettering on half a dozen windows, and particularly if it include the statement that the owner is a specialist of some sort or another, then the sign is converted into an objectionable and therefore unethical means of advertising. The physician may join social clubs of various kinds and seek to make acquaintances in many unostentatious ways and remain strictly within the code of medical ethics. But if he should urge Tom, Dick and Harry to let him treat him because he can cure catarrh and everything else, he would be guilty of inadmissible advertising. Such are the subtle dis-

tinctions we recognize between reputable and disreputable methods.

Conditions are somewhat different with the specialist in medical practice. If a physician would become a consultant in internal medicine because of unusual diagnostic skill, or if a man would achieve success in some surgical specialty, and the like, he must address himself directly to the profession at large on whom he depends chiefly for referred cases.

To such, numerous avenues are open; reading and discussing papers in societies, distributing reprints among the profession, not the public, editing or contributing to journals, systems of medicine or surgery, teaching in medical schools, holding clinics in connection with hospital appointments and dispensaries, etc. Whether we like to admit it or not, these are all means of advertising and often have no other *raison d'être*. It is generally easy to decide when one is honestly striving to contribute to the sum of medical knowledge or is merely proclaiming the fact that he is a specialist and would like to have cases referred to him.

Rivalry in our profession is unavoidable; nay, is necessary, for it preserves most of us from falling into a condition of dry rot. It is when it prompts us to base and dishonorable methods that it becomes injurious. For this as well as other reasons commercialism in the medical profession is out of place.

I have been credibly informed that in Chicago there exists a small secret medical society that has been and is still operated as a mutual benefit company. Its members are expected, if not actually required, to consult only with each other, to pull together in controlling election in medical societies, and in securing hospital appointments for themselves and their friends.

So successful has been this close corporation that every one of its beneficiaries now has a lucrative practice among the wealthy citizens as well as a far-reaching reputation. Now this is but another manifestation of that commercialism which impels the charlatan to grosser advertising methods for obtaining a livelihood. Until this spirit within the ranks of the reputable profession is corrected we cannot hope to see unethical advertising suppressed.

What now are the forces that have driven and are still driving recipients of the degree of medicine to unethical advertising schemes? These may be comprehensively embraced in the term competition. Therefore we must seek the causes of this irresistible competition. In my opinion these are, first, that terrible struggle for existence which we see all about us in all walks of life, and second, the multiplication of medical schools, which, while bidding against each other for students, require a too low standard

of admission, and confer degrees after a notoriously inadequate medical training.

The irresistible pressure of modern business methods is steadily widening the distance between the employer and the employed, depressing wages and forcing an ever-growing number of young men away from the possibility of an independent livelihood, as petty shopkeepers, etc. Farmers' sons, following the inevitable trend of the age away from the country to the town, are abandoning the honorable fields of toil of their fathers, and seeking new spheres of usefulness, perchance of fancied independence. These and many other influences are fixing their gaze longingly on the learned professions, whose members are looked upon as in a certain sense their own masters; at all events not as wage-earners. Moreover, respecting the medical profession, there is a pretty general notion that the doctor is never out of a job and can never fail of a steady living.

If now the incentive to enter the medical profession be strengthened by the inducement offered by an inferior medical school then the motive becomes irresistible. Is it then to be wondered at if every year sees, added to the medical profession, hundreds, nay, thousands of young men who are designed by nature and prepared through training and inheritance to be farmers, tradesmen, and mechanics rather

than physicians? Furthermore, is it a matter for surprise if these doctors inheriting commercial instincts and unaffected by the modifying influences of a university training yield to the pressure of competition and descend to common business methods? I trow not.

In my opinion there is still another force, at work in the very heart of the profession and which springs out of what is in itself necessary and commendable when not carried to an extreme. I refer to specialism. Specialties are indispensable and have come to stay owing to the impossibility of any one mind acquiring the highest expert skill in all departments of medical and surgical knowledge. But too many young men are taking up special work directly after graduation without preliminary general practice, and not having a clientele from which to get material for their special work they are compelled to look for patronage to their professional friends or to announce themselves as specialists to the public. In the former case they must scramble for dispensary, hospital, or college appointments as clinical assistants, lecturers, etc., or they must flood the profession with reprints or resort to some other of the well known means that are ethical. As all cannot obtain or are not qualified for official connection with desirable institutions, the vast majority is thrown back upon the people directly. Either they must accept

general practice in addition to special, and if they do, well and good, for both them and their patients, or, they are driven to commercial methods in securing and retaining patrons. Although this factor may not appear at first sight to be a very potent one, I nevertheless believe it should be reckoned with.

The last force I shall speak of as making for commercialism are the manifold opportunities of advertising of this modern day which offer to hungry and not oversensitive doctors inviting inducements. The way is short and direct, and the returns are generally prompt. In the days of our grandfathers newspapers were few; cities were comparatively few also and were small; ways of living were simpler and of course less expensive. The medical man settled down in some community and built up practice slowly, depending on his meritorious work to recommend him to the people among whom he lived. Such were the conditions that produced the Dr. McClures of real life and not alone of fiction.

Competition within our own ranks is as wholesome as it is unavoidable. The ethics of medical advertising are clear, and ethical advertising, which consists only in properly bringing one's self before the medical profession and not the public, is legitimate and praiseworthy. It is only when physicians become notorious instead of noted that their meth-

ods, perhaps right in themselves, become objectionable.

Although the methods of some prominent medical men are not free from the taint of commercialism there are yet thousands of humble workers who are not misguided by that public sentiment which would encourage them to place incomes above reputation. Their conscience and good sense are worthy not only of praise, but of our emulation. But alas! to paraphrase a saying of David Harum my experience is "that most men's conscience, like their hearts, is located rather closer to their britchis pockets than they are to their breast pockets." Since forces are at work which we cannot destroy if we would, we can only endeavor to check their tendency; and this we must do if we do not wish the day to come when newspaper advertising or some other means of attracting public attention will dominate the medical profession. The doctor of the future may not guarantee to cure everything from consumption and cancer to kidney, liver and heart disease, but he may be compelled to insert a modest truthful notice in the paper or magazine stating his medical attainments and his location.

To check this plainly discernible tendency is the duty of every reputable physician, and above all others it is incumbent on this Academy as a body to initiate the work. We cannot restrain the forces in

the body politic that are impelling young men and women to study medicine, but we can help build up barriers that will keep out undesirable students. The first step in this direction is toward a higher medical education. Existing institutions for medical training must be forced on to a higher plane, and the establishment of low-grade schools must be made an impossibility; as a college or university education broadens a student and generally develops the best there is in him, teaching him that success depends on individual merit and hard work, and consists of something more than mere money-getting, it should be made impossible for any but college-bred men and women to obtain a degree in medicine. That the people may be made to appreciate the evils of quackish and ignorant medical practice the people will have to be properly instructed lest in our attempt to protect them they legislate against their own best interest from the mistaken notion that we are endeavoring to establish a physicians' trust. Only by restricting the accession to our ranks of individuals with grossly commercial instincts, and freeing our members from the necessity of adopting flagrant commercial methods, can we hope to see our inherently noble profession stand upon that lofty plane that will force respect even from a commercial people in a commercial age.

Speaking in a general commercial sense, we hear from many sources that advertising pays. And, judging from the prodigal and audacious manner in which it is made use of in newspapers, upon bill-boards, etc., and from the constant current of chiefly quasi-medical rubbish—announcing therapeutic and other remedies and implements—that floods doctors' waste-baskets, we do not doubt that it is true.

And all this advertising is well enough or is harmless as long as the parties to whom the advertisements are directed are able to judge of the value, innocence or harmfulness of the things or services offered. So, when some article of merchandise or other commodity of non-professional service is announced, any person can inspect or judge of the same and form a reasonably correct estimate as to its merits, or they can get another qualified and disinterested party to do so for them, before investing in the commodity or accepting the service. But this is altogether different in case of proposed or advertised medical and other professional services. Here the laity are utterly unable to judge of the merits of the consideration offered. They are like a blind man purchasing a farm to him unknown and doing so without any other knowledge or advice than the mere fact that it is advertised. In the case of advertisements for medical services, they are subject to deception on the part of the advertiser in two

principal ways: The average applicant for medical assistance knows neither what is the matter with him nor what is necessary or most advisable to make use of for an improvement of his condition. And even if the former is known, it does not convey a knowledge of the latter. So in both respects he is dependent upon his medical adviser. And in both of these essential features he is liable to ignorant or wilful deception from his adviser, if the latter be merely great in the praise of himself in print, and be not known to have furnished a guaranty of his truthfulness and real ability by known practical results already achieved by his medical efforts. Thus it is evident to every intelligent physician how much money and reputation the charlatan can derive from exaggerating the gravity of the disorders for which he professes to treat his patients. And how frequently and readily the deception is carried out by unqualified or unprincipled so-called doctors, has been repeatedly observed by all able and honest medical practitioners of extended experience. So the writer during earlier years in general practice frequently came upon cases of tonsilitis or simple pharyngitis that had been called diphtheria, of spasmodic catarrhal croup that were called membranous croup, of malaria that were supposed to be typhoid fever, of bronchitis with intercostal neuralgia treated pleurisy or pneumonia, and of lumbago, supposed to

be some inflammatory kidney affection. And the success of the cancer doctor in treating benignant tumors as malignant is undoubted.

And secondly, as to the choice of remedies, it is evident that many of the laity do confide in advertisements largely, from the extent of use they make of such patent and proprietary remedies as never have and never can do any real good to anyone, and the demand for which is not based upon any positively good experience with them by anyone, but is entirely artificially created by advertisements. Nor is confidence in this kind of humbug limited to the ranks of the illiterate, for such advertisements need only to be draped a little with a superficial display of some whimsical or pseudo-scientific theory, to be believed by some clergyman, many school-teachers, and other semi-professionals. Such are the natural results of advertisements of things or services, of whose merit the public can form no correct estimate in advance before investing in them. And the only safe rule for people to adopt with reference to medical men and medical remedies is to employ or make use of neither upon the strength of any kind of advertisement, and only to do so upon other trustworthy general evidence of adequate qualifications, and especially upon a demonstration of their efficiency to the parties interested or to their known acquaintances.

And by abstaining from commercial advertising, as something contemptible in the domain of medicine, the creditable portion of the general medical profession sets the pace for the public to escape humbug and fraud in medical matters, whereas by participating in such advertising, they would be leading the laity into them. When a formidable minority of the general public at present give ear to charlatans and expend money upon quacks and quackish remedies, they do it as the result of their own foolishness and recklessness, against better example and advice, with a whimsical distaste for old-time standard things, and often because there is in their composition something which never is satisfied with any diet that is not spiced with humbug. On the other hand, the sober, sensible, and intelligent majority of the laity owe a general debt of gratitude to the respectable and only really serviceable portion of the medical profession for having been taught, partially at least, the spuriousness of commercial advertising, and for having been spared from serious deception and fraud in matters pertaining to their health and even life--by the doctor's wholesome contempt for such sacrilegious announcements of themselves and their deeds in vulgar print. Furthermore, it is self-evident that general disaster would arise alike to the laity and to the better portion of medical practitioners if all doctors did advertise or were com-

pelled to do so by competition. The last and only efficient ban of suspicion on the part of the public would then be removed from the brazen deceptions, falsehoods and frauds of advertising charlatans and quacks, because the general medical profession would be sanctioning the boasts of impostors by its own advertisements, be they ever so modest and truthful. For the public would not be able to distinguish between the truthful and the fraudulent public announcements. There would then be very little left to prevent the qualifications of any medical man from being gauged by the size and number of his advertisements, unless the general public should learn to discard all medical advertisements after experiencing a plague of disastrous deception, such as would not fail to arise from this source.

But the dear public have no idea that exemption from such general fraud in most serious matters of health and life is afforded chiefly by the present ethical attitude of our profession on this subject. They do not appreciate the fact that an auspicious choice of a medical adviser, and the detection of impostors in medical ranks, are made comparatively easy for them by the avoidance of advertising by all good medical men and women.

It does not enter the thought of all the laity sufficiently that they are unable to judge of the merits of a physician's services from his verbal or written

profession or promises, and that they can do so safely and approximately only from known results that he has already produced. And it does not enter their minds at all—nor that of the medical men themselves sufficiently—that this is a prominent reason why doctors of medicine do and should not advertise like merchants, whose objective or material wares the laity can inspect and estimate the desirability or value of.

How can the laity be helped to appreciate the benefits better that accrue to them unconsciously as the result of our medical ethics in this matter? The answer to this question the writer regards as something difficult, and he hopes that it may receive the benefit of the united thought and judgment of all. He would suggest the following as possible and advisable measures:

1. That all honorable physicians themselves recognize this as an important practical reason for this time-honored rule in our ethics. That this rule is not merely a matter of laudable professional sentiment, but conveys very benign and far-reaching effects to the laity as well as to an honorable profession, and that, therefore, it becomes the duty of the latter not merely to observe it, but also, as teachers of the laity as in matters of hygiene, etc., so also to explain *to them* individually and collectively the practical meaning of this rule in medical conduct,

whenever occasion is presented by few words proceeding from a thorough conviction. For, what the majority of doctors speak of, even occasionally, the laity soon learn.

2. There should be more frequent discussions of this general subject in medical society meetings, so that the practical basis of this feature of medical ethics may become current in the medical mind, for a merely sentimental custom without a recognized practical reason is apt to be crowded aside or to become obsolete.

3. The public should have some authentic and conveniently accessible register of all physicians who strictly abide by the letter and spirit of our code of ethics in this and in all other important respects. In the preface to such a directory it should be modestly but plainly stated that this is a list of physicians who depend for employment upon a spontaneous recognition by the public, of their general qualifications and results produced by themselves individually in actual practice, and that they shun commercial advertising in order to enable laymen to recognize and escape the frauds of medical impostors who depend upon advertising. Such a directory would soon supersede and obliterate the medical directories that now exist and are found in all drug-stores, libraries, and in various kinds of offices, because no one could afford to publish a directory for the advertising medical outcasts alone.

ADVERTISING IN THE MEDICAL PROFESSION.

By CHARLES T. MCCLINTOCK, M. D., Ph. D.,
of Detroit, Michigan.

This paper has to do with advertising in the profession only. The advertising done by persons who make a business of medicine I shall not consider. I may have given too broad a meaning to the word "Advertise." I have used it to include all those means, the intent of which is to call the attention of the public or the profession to the user.

In order to practice medicine one must have patients to practice on. How may they be obtained? I believe it to be true that in obtaining a practice one's social qualifications are of more importance than one's ability. Undoubtedly the great successes in medicine come to the great men in medicine, to those peculiarly endowed by nature or fitted by training for their work. But taking average men and average success, I doubt if the best of them succeed best. Each of us can recall not one but numerous instances of capable men who go through life with a very limited practice, while across the street, it may be, some ignorant pretender has and keeps a large

practice. Probably in no business, certainly in no profession, are the people so incapable of choosing the good from the poor as in the choice of a physician. Witness the success of the Christian scientist, the osteopath, and the whole brood of medical pretenders.

That medicine is a sort of magic art the people do and will believe. Go into any community and vehemently claim that you can cure cancer, consumption, or syphilis and you will get patients.

Claim publicly or in private that you have unusual skill, can do marvels, and you will find hearers. In any way, get and keep your name before the people and you will have patients. Barnum, the showman, used to say that he didn't give a —— what the papers said, so they said Barnum. It is much the same in medicine; hence the field for the advertiser. Claim ability, claim success, and there will be those who believe.

Many of the physicians whom I know are giving more time and thought to the securing of patients, advertising, if you choose, than to the study of their profession. I know a number of young fellows who are rusting in medicine because their time is taken up in advertising—lecturing in medical colleges, attending medical societies, not to learn but to become known. They join the churches, the lodges, the clubs, speak whenever and wherever there is

opportunity, laboriously prepare papers for the society and the press, papers whose weight of commonplace all but make the type groan.

I am honest in the belief that in my city, Detroit, there has not appeared in the last year a medical paper that is worthy of the second reading, or one worth filing away for future reference. I am privileged to say this, having published several papers myself during the year, yet our mails carry literally tons of advertising matter in the form of reprints.

We have some prominent men who customarily send out 5,000 reprints of their papers, papers appearing in little, obscure journals. Others among us scatter broadcast illustrated papers showing the "before and after taking" of orthopedic surgery. Still others kindly remember the school-marms with their reprints on subjects in which children figure. These are reputable men, college men, members of our medical associations, prominent men in the profession.

Probably the most skillful advertisers in the profession are to be found among those sitting in high places, the college professors. On the one hand the professor, on the other the public. The student, the physician to be, is the go-between, and how he does work that student for patients in the years to come. One of the favorite methods is to take the latest foreign work on the subject to be taught and give it to the student almost verbatim as "in my opinion,"

"my experience," "I believe,"—and it succeeds, as is evidenced by the ever-increasing number of medical colleges which do not pay a dollar in salaries and the clamor for positions on the faculties of our medical schools.

I need only to mention the sanitarium, perhaps the most transparent fraud on the code that we have. Have a sanitarium and you can advertise in the street-cars. Our code of ethics and our practice presumes that the people are fit judges of the physician's ability. I hold that this is not true. Were it true the quack and the advertiser would disappear. In law, if an attorney is weak, if he makes mistakes, if his opinion is not well-grounded, his associates at the bar delight in the opportunity to expose his mistake or weakness. The weakling is driven to the wall.

In the ministry the sermon is criticised; the man is compared with others of his profession; the people can judge.

But in medicine how is it? To the people the doctor must always approve of his colleague. You are called in consultation with Jones; you are sure he has blundered in his diagnosis and utterly failed in his treatment, yet the unwritten code compels you to praise Jones to that family; to assure them that the case has been skillfully handled. Kill your patient through ignorance or clumsiness and you can

easily get the best consultants in the town to assure the family that it was heart-failure. Probably we have all known of such cases.

In our local medical societies it is customary after you have been bored for half an hour listening to a poor, commonplace paper, to address the society with: "I have been much interested in the doctor's very thoughtful paper. I am sure we have all profited."

Now not for a moment am I forgetting the gain that comes to the profession from our dignified, courteous treatment of each other. Neither am I arguing that another way would be the better. I am merely pointing out some of the evils that follow from our methods. As a profession we here encourage and there allow such practices, that to the people there is nowhere to be seen a line of demarkation between the reputable and the disreputable physician; between the William MacClure's and the veriest quack. We blame the people when they choose wrongly and yet we offer no assistance in making their choice. We petition the legislature to step in and kill the weeds which we have permitted to grow. Abuses often arise because the laws of a profession or the state of society do not fit the times. Custom allows their slight transgression. This means license for him who chooses to make of it such.

I believe the code was adopted in 1846, 53 years

ago. At that time we had few cities; 95 per cent of physicians practiced in small communities. There was no necessity for his trying to make known his ability or qualifications; he couldn't help becoming acquainted; his success or failure with his cases was known to all the neighbors. People then, as now, in our backwoods communities, talked much of sickness, symptoms, and death. There is a growing tendency to-day to regard illness as a personal, private matter—a something to be hidden from, rather than paraded before, one's friends and neighbors.

Contrast these conditions with those that will confront the young practitioner to-day in any of our larger towns or cities. Let him be well trained, of fair ability, a competent physician. Let him devote all of his energy to the practice and the study of his profession. Let him do none of those things, the intent of which is to advertise himself. I believe that in the average case he will be fifty years old before he has a fair practice. Near by, be it in your city or mine, he will see a number of men who have secured and retained large practices through what might be termed ethical advertising; at least they are in the profession, in our medical societies, write for our journals, and teach in our schools.

Need we wonder if, under such conditions, the young M.D. is tempted to forsake the way of the fathers? Are there forces at work which give prom-

ise of correcting these evils? I do not see them, with the rapidly increasing knowledge of hygiene among the people, with state and city aid in the avoidance and suppression of pestilence, with our rapidly growing knowledge of the cause of disease, enabling us to limit infection, with better food and shelter, with the increase of office and hospital practice, where one man can do the work of six in house-to-house visits. Given on the one hand conditions that are gradually lessening the need for physicians, and on the other an ever-increasing number of medical colleges adding to their ranks, what must follow? We are often told that these difficulties are to be solved by more rigid requirements, by higher medical education. I do not believe it.

For some years I was connected with the University of Michigan. During that time the requirements were very materially increased, and it was noted that every increase in the requirements, for entrance or graduation, was followed by an increase in the number of students. During the last few years the majority of the medical schools in this country have practically doubled their requirements, and still the number of medical students increases.

We cannot hope to prevent overcrowding in the profession. The best that can be hoped for is to so provide by law and custom that the most deserving shall receive their dues. This will not obtain so long

as we have no legitimate way in which the man of ability can make known his qualifications to the people while we permit the pretentious advertiser amongst us to claim merits not his own. As it appears to me, we owe it not only to ourselves, but to the people, to the great world of need, to help them some way, somehow in selecting their medical advisers.

SOME EFFECTS OF PRESENT METHODS OF ADVERTISING UPON MEDICAL LITERATURE.

By JOHN A. LICHTY, M. Ph., M. D., Pittsburg.

From the paper which was read before this Academy a year ago upon the subject of medical advertising, we learned that, notwithstanding the code of the American Medical Association, a great many physicians do advertise. We also learned that certain forms of advertising in medicine are looked upon with so much favor that they are coming to be generally considered as "legitimate." Some of these methods have been brought to our attention. Probably none has won such general favor as a means of making one's self known—advertising one's self—to the world in general, and to the profession

in particular, as the skillful use of the columns of medical periodicals, and the pages of medical textbooks.

It cannot be denied that these organs which constitute our medical literature have, at least, in this way, very successfully served a purpose. Such a statement would, no doubt, carry more conviction were it to come from one who is acting in the capacity of editor of a leading medical journal, or from one who is connected with a medical publishing company. But, as these men, for obvious reasons, prefer not to express their opinions on this opportune occasion, it behooves us to wrest from them such information as we can, and to supplement it with the results of our own observation.

In order to determine whether anything existed, in fact, which would indicate that medical literature is to any extent influenced by the spirit of advertising, the following questions were sent to editors of medical journals, and to medical publishers:

First—Do you find that physicians are inclined to take advantage of the columns of your journal for the purpose of self-advertising?

Second—Do those who offer articles with such a purpose in view ever suggest remunerating you, or threaten to withdraw their subscriptions if you should not find their articles acceptable?

Third—In the large number of medical journals

which are received at your office as exchanges, or otherwise, do you see any evidence of editors yielding to this desire of physicians to advertise themselves?

Fourth—Do you think that the incentive of physicians to write articles for medical journals, and to compile medical books, is more to impart information than to call attention to themselves?

The information which was obtained in reply to these questions, though in most cases meager, and always surrounded with an air of great secrecy, was, with a few exceptions, largely confirmatory of the opinion that medical literature is, to a great extent, colored and dominated by the spirit of advertisement.

The refusal of some to answer such explicit questions also furnished important evidence, which could not easily be set aside. Some of the answers were given only under a pledge of secrecy, and were accompanied with a request that no names be used, and that nothing be quoted outright, but with the hope that from them such general conclusions could be drawn as would serve the purpose of the paper under contemplation.

In some instances it seemed that nothing short of proceedings similar to a Chicago beef inquiry would disclose the desired information. Such an attitude could only give origin to a strong suspicion that there

are secrets in the possession of those who have the shaping of medical literature which, if revealed, would show motives entirely foreign to the interests of that kind of book-making and journalism which stands for the greatest good to the profession and to mankind.

This statement is made, not unmindful or unappreciative of the fact that there are some who have stood, and are to-day standing, between the writers of medical literature and the busy physician, and who, in spite of bribes, threats, and all that can be brought to bear, are succeeding in sorting out material which shows every evidence of clean journalism, and dignified authorship.

These are the men who return a spurious article, or rehash, with its enclosed twenty-dollar bill, to the writer, with thanks, and thereby lighten the burden of a profession which is known for its eagerness to read and appropriate everything which has the appearance of being of some use. And these are the men, who, in spite of the threat of a discontinued subscription, prefer to keep their journals free from articles which have for their sole object the advertisement of some new remedy which can be obtained only from certain manufacturing chemists.

Fortunately, we need not rely wholly upon the meager and guarded evidence of the publisher and editor in considering the effects of the present meth-

ods of advertising upon medical literature. Let us refer to the character of the literature itself. What evidence does it bear that it is, or is not, blighted with the spirit of advertising? It is hardly necessary to refer to the fact that medical literature, compared with the literature of other professions, is, in a way, very unstable. Books written five or ten years ago, which were thought to be exhaustive upon the particular subject treated, are, many of them, now, aside from their historic value, of very little more use to a physician than to give an appearance of completeness to his library. Theories which ten years ago were looked upon with favor, and which deluged medical journals and shaped opinions in medical text-books are to-day utterly ignored. It may be thought that this is due to the rapid advances which medical science is making, which, no doubt, does account, partially, though not entirely, for this instability.

Much of the material which is presented to our journals is prepared hurriedly. Theories which should be confirmed by rigid experiments are presented as demonstrated facts, and clinical evidence is distorted to accord with them. A great teacher, a Koch, or a Virchow, makes a hypothetic statement and immediately a thousand physicians declare that their experience confirms the hypothesis. It is the fashion and fad of medicine, and many a physician

feels it his duty to advertise himself as being in accord with the latest medical thought. The medical journal furnishes an opportunity for such advertisement. What a quantity of useless printed matter, prompted by the motive of self-advertising, and called medical literature, is circulated to-day!

Specialism in medicine, as it is carried on at present, requires a large amount of advertising. This is done through the medical journals. A physician who wishes to declare himself a specialist, writes a number of articles pertaining to his specialty which appear from time to time in various medical journals. A large number of reprints are ordered and sent to the physicians throughout the district from which he wishes to draw his clientele. Not infrequently, reprints are distributed among the laity, and excerpts are found in the daily papers, and in the popular magazines. When such a plan is successfully carried out, such an article will bring the writer the desired pecuniary reward.

According to the intellectual ability of the aspiring specialist are these contributions of little or no value? They are optimistic in tone. Cases of however serious a nature are usually reported as having recovered. Such reading matter serves its purpose well, but it adds nothing of value to medical literature. On the contrary, it is responsible for much wasted time. It fills medical libraries with ponder-

ous volumes of unreliable information, and makes the Index Medicus a perfect maze.

Another not infrequent method of subverting medical literature to advertising purposes is that represented by contributions upon new proprietary remedies. Physicians of questionable ability, to pass judgment upon the therapeutic value of the new remedies, which infest our materia medica, write articles which begin with well-known, and oft-repeated facts, and end by calling attention to a new remedy. In naming the remedy, the Hebrew, Greek, and Latin languages combined, are found inadequate to sufficiently obscure the name of the old, reliable remedy which it is to supplant.

A few weeks after the appearance of such an article, the manufacturing chemist sends you a handsomely covered reprint which may contain, in addition to the article, a photograph, autograph and biography of the author. Here we have the interesting spectacle of the manufacturing chemist buying the physician at a price to pervert medical literature for the purpose of advertising his drugs.

Medical literature which appears in the form of books, such as text-books, and treatises upon medical subjects in general, is not as manifestly influenced by the spirit of advertising as periodicals are. The publisher will not undertake to make a book, unless he is positive that there is a demand for it

and assured that it will be a financial success. Want of such assurance has, no doubt, stifled the ambition of many a physician who felt that he could write a medical book, and has thus saved us from a great deal of worthless reading matter.

But the many systems of medicine, surgery, gynecology, neurology, etc., which are published, at present, lead us to suspect that, even in this form of medical literature, the publisher is succeeding in turning the authors and compilers to consider the sordid methods of self-advertising. These large, handsomely bound and comprehensive systems of medical books are, many of them, falling short of the highest standard of medical literature.

The attempt to popularize medical science has resulted in placing before us a number of pseudo-scientific books, written by authors who are riding hobbies, and advancing fads from personal motives. They always accomplish their purpose; namely, to advertise the authors. Besides detracting from medical literature they are responsible for impressing upon the minds of the innocent laity, and some gullible physicians, theories, and prejudices which can hardly be overcome in a lifetime. These books have become so popular that it is not an unusual occurrence to find a hypochondriac, neurotic, or dyspeptic in possession of a small volume which treats of

the baneful effects of uric acid in the system, or of eating three meals a day.

Sufficient has been said, it is hoped, to leave no doubt that there is ground for entertaining the fear that medical literature is threatened by advertising methods, and that medical periodicals are, consequently, gradually coming to the level of an ordinary news-sheet, while medical books are being lowered in standard to the ideals of the publishing company and the laity.

THE ETHICS OF ADVERTISING APPLIED TO THE MEDICAL PROFESSION.

By A. RAVOGLI, M. D., Cincinnati.

Every time that we consider the code of ethics of the American Medical Association, we have a right to congratulate ourselves on the wisdom of the rules regulating medical practice, and we can say that it is, and will be, an eternal monument. The simplicity and brevity of the expressions admit of no doubts, explain every case, and cover the ground completely. The subject which I have to deal with before you is, "The Ethics of Advertisements in Reference to the Medical Profession." The argu-

ment is of great interest, especially to the young practitioner, who, starting in his career and finding himself unknown, thinks that a little push by advertising may bring him before the public and thus obtain him some practice. Before proceeding we will consult the code of ethics of the American Medical Association, adopted May 18, 1847.

“It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures or to publish cases and operations in the daily prints, or suffer such publications to be made, to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics and are highly reprehensible in a regular physician.”

The rule is so formulated that it speaks very clearly, and is intended to protect the public and to protect the physician, the former from being humbugged by impostors, the latter from being debased to the condition of a charlatan.

There is no other branch of science where the vulgar superstition has so much influence among the laymen as in medicine. Although our science progresses every day, every day new discoveries are

made, yet the medical ideas among the uncultivated people remain the same as a thousand years ago. The cold will explain for them the cause of a great many diseases. They always find it necessary to wrap a wound with a lot of dirty flannel rags, for fear of catching cold, and will never be persuaded of the necessity of asepsis for preventing pus germs to cause suppuration. The impurity of the blood will be always one of the most important factors in any kind of skin eruption, and the people in general will never be contented unless they take some blood purifier. The tired feeling so often spoken of in the quack advertisements is felt by a great many, and the necessity of a nerve tonic is found by the majority of the people. The examples can be multiplied, and this kind of secular superstition is easily explained when we consider the obscurity and the complications of the problems which are always before us. The uncertainty of the proofs and of the demonstrations leave a broad field to speculation and to imagination. The ultimate scope of medicine which touches the universal interest, the health and the life, stirs the passions with illusions, and leads the poor patients to inconsiderate resolutions and gives them blindly into the hands of the charlatans, through fear and hope.

Charlatanism in medicine has always played a great and important rôle, and we can say with Talleyrand,

that it is a wonder that there are no more charlatans. Sydenham was right when he recommended to the physicians never to abandon their patient, although there is no hope of saving him, knowing that when the patient has been discouraged by the physician he falls into the hands of the charlatan, who speculates on his misery and on his sufferings. Imagination plays a great part in the mind of a poor sufferer, and often a faint hope that a certain advertised remedy, or the prayers of the faithful, or the touch of some miraculous water may be able to relieve his sufferings, is a balm to his miserable life. The same ideas are beautifully expressed by Shakespeare in "Macbeth":

" How he solicits heaven,
Himself best knows; but strangely visited people
All swoln and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures;
Hanging a golden stamp around their necks,
Put on with holy prayers; and it is spoken
To the succeeding royalty he leaves
The healing benediction."

The people at large have not progressed one inch in their popular ideas of medicine, and if at the times of Macbeth they believed in the healing benediction, to-day it is the same thing. They place their faith in Christian science, or in the miraculous virtue of some water. A few days ago I was reading in the papers that six trains overcrowded with invalids had left Paris for the pilgrimage to Lourdes, to satisfy their imagination that a bath in that

water accompanied with prayers will restore them to health.

This is really that which makes the fortune of the quack. I do not mean that a quack is liable for any misconduct. The repeated advertisements full of bombastic words do not harm anybody, it is only commercialism. Those who fall into their hands have to blame only themselves. The advertising physician prostitutes the profession, submits the science to commercialism. It is true that in some instances charlatans have and are accumulating in a short time fortunes which a good and reputable physician will never be able to do during his entire lifetime, but not all are successful, and the enlightened public is very careful to give their just value to the bombastic promises of the advertising quacks.

The wisdom of the code of ethics of the American Medical Association is just, and by its rules prevents the name of a reputable physician from being placed in the columns of a daily paper with the name of any advertising quack. The code of ethics extols the standing of the regular practitioner, preferring science and the true and honest practice to the venality of commercialism.

The press in general is not very sanguine towards physicians. The rule of the regular practitioner to keep away from any kind of advertisement makes it not very agreeable to their business. If they can

roast a physician it seems that they do not take gloves to handle us. However, we will never be afraid in any way, and the reputable physician will always avoid having his name in the way of an advertisement in the daily press. It would be indeed debasing and disgraceful for a reputable physician to see his name in the same columns with the manhood restorer, "no cure no, pay," etc.

The advertisements of the commercial trade bring before the public their productions, the superior quality of their goods. The physician has nothing to advertise but his skill, of which no other can be a judge but his patients and his colleagues. The advertisement of the physician is therefore a lie before the public, and any one who lets his name be debased to such an extent deserves the name of a charlatan. I have often heard from my patients expressions of derision for an advertising doctor. The public in general is well aware and knows how to judge the promises of an advertising quack.

You will not believe, however, that the daily press is to be blamed in any way for quack advertisements. It is a matter of business, and so long as the advertisements do not contain, at least apparently, anything against decency or honesty liable to be prosecuted under the laws, nobody can suppress them. I find that the daily newspapers deserve credit when they give some popular accounts of

different medical topics, especially concerning public hygiene, and in this point the physician has to help them in order to familiarize and popularize medicine.

Any science which requires a systematic study of many years cannot easily be familiarized, but popular instruction can be given so as to remove superstition. For instance, in astronomy no ignorant man to-day would believe that the sun revolves around the earth, as was believed in antiquity, but through the familiarization of the science such an error has been dispelled. In the same way in medicine, it is not necessary to discuss in the public press pure medical subjects, theories which when not, or but partially understood, would rather bring false ideas among the laymen. If we want to explain to the public the karyokinesis or the chemotaxis, etc., we will never expect to popularize medicine. In this case, the best truth to inculcate in the public is, that when somebody is sick he must call the physician. The topics which are of great interest to the public are those touching hygiene; the water, the air, the food, or the climate, sanitation, the necessity of isolation of the patients in contagious diseases, disinfection, necessity of cleanliness, etc., the knowledge of which is beneficial to the public, tending to dispel false ideas and superstitions. The name of the physician helping this good cause in the daily press

is to be praised, and although it is an indirect advertisement for him, it is honorable and worthy of encouragement. Science cannot be vulgarized. The knowledge of an order of moral or physical truths cannot be obtained unless from a long, special and methodic study. But the technical results applicable to the welfare of the people, to public hygiene, etc., can be of a very important benefit to the people. It would be a great benefit to the public in general if some popular prejudices, superstitions and errors could be taken away from the public, which really paralyze the social influence of medicine. It is very peculiar that in many branches of science the people at large have left so many prejudices coming from antiquity, but not in medicine. So you will find nobody to-day believing that inferior metals can be changed into gold, yet they will believe that warts are cured by touching them with a piece of meat which is afterwards buried. Try all means to remove superstition. The hindrance to progress is superstition. Superstition in all its different forms dominates medicine and is a block in front of the doctor, which prevents him from doing his duty. It is therefore necessary to fight this enemy by familiarizing those parts of medicine which are susceptible of being explained to the people. By so doing we will also diminish the value of the ridiculous advertisements of the quacks,

which tend always to maintain superstition and speculate on the ignorant.

We have seen the reasons why a reputable physician must avoid any publicity in any shape or form of advertisements, especially in the daily press. We recognize the just reasons and it is a settled question.

Now comes another part of medical ethics, which has been lately the subject of a great discussion. Some physicians have limited themselves to one branch of medicine, so-called special branches, specialists. The question arises how the public and other physicians will know that Dr. N. is an oculist, an aurist, a dermatologist, a gynecologist, etc. The American Medical Association has established the different sections, and has therefore fully recognized specialism in medicine. The immense progress of medicine in late years is due to specialism. Each branch works on the special subject, and the discovery and the advance is credited to medicine. Specialists are physicians; they have completed their full course of medical studies, and they have for some years made one of the special branches of medicine the subject of their studies. Now a young man with a good supply of study and of experience in a special branch wants to locate in a city, and of course it is his wish to make known the specialty which he has chosen.

In the constitution and by-laws of the American Medical Association revised March 28, 1891, the question of specialists has been thoroughly treated in four articles.

Resolved, That this association recognizes specialties as proper and legitimate fields of labor.

Resolved, That specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners.

Resolved, That it shall not be proper for specialists publicly to advertise themselves as such, or to assume any title not specially granted by a regularly chartered college.

Resolved, That private handbills addressed to members of the medical profession, or by cards in medical journals, calling the attention of professional brethren to themselves as specialists, be declared in violation of the code of ethics of the American Medical Association. Transactions, Vol. xx, p. 28.

In this regard, the question seems to be settled, but every year it is again and again arising, and leaves always place for discussion. The American Medical Association recognizes specialties as proper and legitimate fields of labor. In so doing I believe that it is clearly understood that as a consequence it recognizes the specialists. And again, if the association recognizes the specialty and the specialists, I cannot see the reason why a man who has gone abroad to study that special branch of medicine,

who has spent money and time to obtain knowledge and training in that special branch, who locates in a certain city where he does not see other cases than those belonging to his specialty, why to such a man should be denied the privilege of writing on his card, aurist, oculist, gynecologist.

I agree thoroughly with that opinion expressed by Dr. Rogers last year at this same meeting, that the best method of advertisement is thorough and conscientious preparation, earnest and undivided attention to our profession, avoidance of unseemly conduct, and honesty and manliness in our relations to the public, attributes which form the base of success in practice.

But if a man with these attributes limits his practice to a certain specialty, I do not see any wrongdoing if he should place the name of his specialty on his card. In the large cities where there are academies and frequent meetings of medical associations, there is no difficulty in making himself known as a cultivator of this or the other specialty, by reading papers, by publishing articles in medical journals, but in smaller cities where there are not so many facilities for making himself known, it would take a long time for him to begin to make his living practicing the specialty which the young physician intends to cultivate. In this regard we cannot be too great exclusivists. The United States, with

such an immense territory, with so large a population, cannot be dictated to by only one rule, which, if applicable to the State of New York, will not suit a practitioner in another state. I think that the name of the special branch of practice, as Dr. N. N., gynecologist, or oculist, etc., would not be derogatory to the dignity of a physician and could not be a breach of the code of ethics. In that name, oculist, or gynecologist, there is no advertisement. All that it means is that his practice is limited to the diseases of the eye, to the diseases of the womb, and its appendages. It is not a way of obtaining practice from other colleagues, when we know that the general practitioner has left these branches of specialty in the hands of the specialist.

Another topic of discussion in the ethics of advertisements is the medical card inserted in the daily papers. This use in the largest cities has been entirely abandoned, therefore it is no longer a question.

In smaller places I understand that it is still customary for physicians to insert in the papers the so-called medical card. In this card is no advertisement, there is only the name, the location of the office and the office hours. If this is customary in certain localities, I do not think that the practitioner could be restrained from this simple announcement. In this card there is no boasting over any operation performed, nor over any large practice. There are

simply indicated the name and the location. Taking everything into consideration, this simple card, if it is used in the different localities, would not be derogatory to the dignity of the profession, nor would it be a breach of the code of ethics. But if these cards in the daily newspapers are not of common use, it is advisable to avoid it. Indeed, if in a large city every physician begins to put his card in the newspaper, it will make a long column of names, with some financial benefit for the newspaper and without any profit for the advertiser. The intelligent patient does not pick up a name of a doctor in those columns, for the reason that he finds the name more agreeable to him, but he chooses the doctor, because he knows that he has benefited some one of his friends, or because his family doctor has recommended him as an able man in the required specialty.

As a consequence I would say that although a card in the daily print could be tolerated, yet it is only an expense for the practitioner with probably very little profit.

It is now time that we look for awhile to the doctor advertising drugs and medicines without his will. Nearly every day pamphlets are carried in the mail of new remedies or new mixtures, some of which are unknown in their composition, always from some Chemical Company, claiming their efficacy in a dozen different complaints, bearing testi-

monials of many doctors, who praise them in their practice. Those manufacturers send samples of their compositions to every doctor with a request to try the remedy and send them the result of their experience. If they do not obtain a reply in a certain time, they write again a very kind letter, asking their opinion and the results of their experiments. A young physician politely replies that he has used the remedy and has found it a beneficial one, and this letter enters among the testimonials.

Some others pick up young physicians who have written some articles for medical journals, and try to persuade them to write an article of 1500 to 2000 words on their remedy, paying so much for the article. In this way we find the columns of medical journals filled with the praises of remedies, which, after having been used once or twice, must be discarded. These kinds of advertisements, made by the physician himself in many instances against his will, are not comprehended in the code of ethics of the American Medical Association. It is a kind of advertisement imposed upon the good nature of the physician for the benefit of the manufacturers or of the patentees.

The physician must be very careful in advising his patients to take remedies of which he does not know the composition. In case the family physician finds himself with a patient which requires the specialist,

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it is much more honorable for him to advise his patient to consult a man whom he knows to be able in his specialty. If a lady patient is suffering with disturbances of the genital organs, it is better to advise her to consult a gynecologist than to advise her to take a uterotonic. If a patient is affected with a disease of the skin and the patient has already used what he could to relieve him, I think it to be much more proper for him to advise his patient to consult a dermatologist than to advise him to take cuticura remedies.

Do not believe, gentlemen, that I am talking on account of any bad feeling against these patented things, but I talk from experience. Many patients have come to me telling that they had used remedies and salves advertised as specifics in the daily press, following the advice of their family physician. I must say that this is a breach of the code of ethics of the medical profession. This is not only tolerating quackery, but it is encouraging and supporting quackery. It is a sin to maintain superstition among ignorant laymen. When we prescribe we must know what we give to our patient; we must know exactly the dose; we must count on the pharmacologic action of the remedy, and we are responsible for what we give, and for any trouble that may result. Now, how can some physicians dare to prescribe things which are advertised in the newspapers without

knowing the composition, the dose, nothing, and call themselves responsible for the results?

I must stop. I have already abused your patience, and I have exceeded the limits of a few remarks on this interesting topic.

Advertisements in the papers, boasting and promising sure cure, is the rôle of the charlatan. Any regular practitioner trying to get practice by using these means prostitutes the profession, debases the dignity of medicine, and puts himself on a plane with the charlatan.

The question if he can place the nature of his specialty on his visiting card or put a medical card in the paper with his name and address, has to be regulated more by good sense and by the usage of the locality than by established rules.

Helping quackery by writing testimonials of patented mixtures and by prescribing the same, I consider, too, a breach of the medical code of ethics, which the physician does without his will.

WHAT SHALL BE THE FUTURE POLICY OF THE MEDICAL PROFESSION WITH REGARD TO MEDI- CAL ADVERTISING ?

By E. STUVER, M. S., M. D., Ph. D., Fort Collins, Colorado.

We live in an age of steam and electricity, when intelligence, which half a century ago would have required months in transmission, is now flashed around the world almost instantaneously.

This facility of communication has linked the whole world of thought together and made each individual scientific worker the heir of all nations and climes and placed at his disposal the results of co-workers in the most distant lands.

These changes have transformed commerce as if by a magic wand, have carried the products of progressive and aggressive nations to the uttermost parts of the earth, and have infected all professions and classes to a greater or less extent with the dominant commercial spirit of the age.

While in the main this great movement has been one of progress and the current has borne us onward to a higher civilization, still there are many strong

undercurrents of an opposite tendency which, if not avoided, may have very demoralizing effects.

The great essential of existence for any individual or class of individuals, is that they shall be able to adapt themselves as nearly as possible to their environment—that they shall appreciate and be guided by the best thought and noblest ideals of the age in which they live. While this is true of all professions and callings it applies with peculiar force to the medical profession—the noblest and most difficult of them all.

From the earliest historic times, physicians have been the promoters and conservators of the best interests of humanity. Indeed so intent have they been in seeking out the causes of diseases, in relieving human suffering and pain, and battling with the grim destroyer—death, that they have neglected their own material welfare and have permitted a horde of parasites and vampires to fasten themselves upon humanity and to absorb many of the benefits which rightfully belong to regular physicians.

Mankind has always more or less strongly believed in an intangible, supernatural causative factor in the production of disease and even at the present time among our own progressive and intensely practical people, this tendency is shown by the many believers in “Christian Science,” “Faith Cure” and similar delusions or frauds.

All charlatans and pretenders utilize this human weakness to the fullest extent, and as advertising has become one of the great motive powers in advancing all commercial undertakings, they have seized upon this means to advance their pretensions and to swindle those whom they can induce to confide in them.

For many years the question as to the regulation of professional advertising has been a very complicated matter. It is continually presenting itself under new and varied phases and, like Banquo's ghost, will not down. Nor do I believe it will cease to be a *quaestio vexata* until all reputable regular practitioners shall receive equal justice and similar privileges in this important particular.

The struggle for existence in the medical profession has always been a sharp one and is growing keener every year.

Many who have spent long years of arduous toil in preparing themselves for their life's work, on the success of which their own and possibly the existence of their families depend are confronted by free clinics, free dispensaries and a host of charitable institutions which treat not only the deserving poor but, in many instances, those who are amply able to pay for professional services, and are very pointedly given to understand, by a certain class of physicians, that the insertion of a plain professional card in a newspaper

is a contravention of medical ethics, and that it is their duty to sit supinely down and leave the community in blissful ignorance of their presence.

At the same time the oracles who manifest so much righteous indignation at the insertion of a (paid) card, in many cases, if perchance they be influential and well established, utilize every opportunity to secure free local puffs, or what is still worse will try, by underhand and disreputable methods, to secure the patients and blacken the reputation of a brother practitioner.

If it is correct medical ethics for the distinguished physicians, surgeons, gynecologists *et id omne genus*, connected with medical colleges, hospitals, dispensaries, etc., to blazon their names forth to the world, is it not also right for the obscure general practitioner, at least to let the world know that he still lives? If ethical ideals are lowered by the recent graduate or newcomer who tries to acquaint the community of his existence by a card in the local paper, how much more are they degraded by the veteran wire-puller who buttonholes the reporter and softly whispers into his ear the account of some wonderful operation or desperate case with his own name prominently mentioned in connection with it! A search through the files of the newspapers of the country will convince the most skeptical that this

disgusting method of advertising has become very prevalent indeed.

In the face of these facts is it any wonder that the public fails to see the difference between the blatant charlatan who buys his space and boldly proclaims his superiority without any equivocation and the member of the regular medical profession who, in order to attain the same end, invades the sanctity of his patients' lives and drags their ills through the mire of publicity by local puffing. But the question naturally arises, How can these evils be remedied and the results of scientific truth be made to benefit those who discovered them?

The regular medical profession has always had the innate superstitions and prejudices of mankind to contend with and has never received that degree of public appreciation and support that its gallant fight against disease has merited.

I believe, however, that, to a certain extent at least, the profession, from the bickerings and jealousies between its members, the lack of *esprit du corps* and organization to bind them together into a compact body, is largely responsible for this state of affairs, and I am firmly convinced that until the great majority of its members can be brought together in great medical organizations and agree upon some equitable plan by which all shall receive justice and

be accorded equal rights and privileges, matters are not going to improve to any great extent.

This is an age of combination—of great organizations—and if the medical profession would achieve its high destiny, its members must combine their forces and work toward a common and definite end.

When our medical schools and societies shall once have established their requirements for entrance, graduation and membership on a high plane, when every physician shall be expected to be a gentleman in the noblest acceptance of that term, and the public is given to understand *that the physician's status is fixed by his profession* and that to be an active member in his own county and state, medical societies as well as the American Medical Association, at least, is not only an honorable distinction which no one can afford to disregard, but likewise an imperative duty which he owes to his profession; when in short the public shall have been given to understand that membership and active participation in medical societies is a much better criterion of professional fitness and eminence than the manipulation of local politics, loafing in the back-rooms of drug stores and relating wonderful professional achievements to the habitues of such places, and the many other similar methods resorted to by a certain class of doctors to become popular and achieve local notoriety, then will

the medical profession be regarded with a respect which it has never hitherto received.

To bring about such results and thoroughly impress these truths on the public mind will require much hard work and unceasing activity on the part of physicians who have the best interests of their profession at heart, but just as soon as they are accomplished and doctors find that membership in medical societies is regarded as an index of higher professional attainments and a greater devotion to the welfare of humanity than anything else, just that soon will the question of organization be settled and instead of the officers of medical societies being obliged to beg and implore physicians to join and take an active part in such organizations, they will be only too glad to enroll their names in order to secure the honor and prestige connected with such membership.

Whenever it is fully appreciated that membership in the American Academy of Medicine is an honorable distinction which can only be required by physicians of broad culture and professional eminence, the mere mention of that fact will be of more value to the possessor of the title than whole columns of the nauseous local puffs which doctors have written about themselves—puffs which invade the privacy of their patients' lives and parade their ills before the public to satisfy morbid curiosity and let the world know what a wonderful man the distinguished

Doctor "Blow" is. Such advertising as this reduces the regular physician to the level of the charlatan and degrades the profession which it is his duty to uplift and adorn.

The seal of condemnation should be placed on this kind of work at once and the offenders be given to understand that they cannot masquerade as reputable physicians while resorting to such practices.

On the other hand, every fitting opportunity should be embraced to convince the world that activity in promoting the welfare of the medical profession which is synonymous with alleviating human suffering and raising mankind to a higher and happier plane, is the most honorable kind of distinction.

If the profession will firmly insist on such measures we shall soon see on the one hand large accessions to our medical societies, increased zeal in promoting their welfare and a professional solidarity which will make easy the accomplishment of many objects which are now regarded as almost insuperable and on the other hand the blatant local puffs which are so common among physicians will be relegated to their proper place and become the exclusive property of the charlatan.

In conclusion I would present the following summary:

First—All physicians from the most eminent to the most obscure should be accorded equal advertising privileges.

Second—Professional advertising should be limited to the insertion of plain cards in the local papers or a sign pointing out the location and office hours of the physician.

Third—All local notices in which the name of the physician is mentioned in connection with the treatment of cases or the performance of operations should be absolutely interdicted.

Fourth—The public should be educated to regard active participation in promoting the organization of the medical profession and assisting to build up and strengthen medical societies as a criterion of greater professional eminence and distinction than mere local notoriety.

DOES IT PAY TO PRACTICE MEDICINE?

Doctor, does it pay you to practice medicine? Will it pay you to follow up your chosen profession until you are no longer able to attend to its duties? A doctor not long ago wrote an article to a Cincinnati journal stating that it neither paid to practice medicine nor to live.

As we are unable to know anything about the future (if there be one) until after death, we will allow that it pays to live, although in many cases the re-

muneration is small and in other cases a great deal as you make it.

This question, "Does it pay to practice medicine?" is one that interests at least nine-tenths of the profession, or in other words, 700,000 people in the United States and Canada including doctors' families. The world to-day, although overcrowded, is rapid and progressive. The supply is greater than the demand in every vocation, and as much so in medicine as in any other. The oft-repeated statement that the doctor is "A product of the farm" is becoming truthful with age. Thousands of farmers' sons plant the idea in their cranial cavity, that they are sooner or later destined to become bright and shining lights in this noble profession. When the idea is ready to be harvested, off they go to a medical college.

A young man told me, not long ago, how he came to study medicine. It was this way. He was drawing a load of hogs to market seven miles on a cold winter day. The wind was piercing and his robe was the proverbial horse blanket. When his trip was half completed he saw in the distance a fine black horse attached to a newly-painted and light-running covered buggy. The horse was a good roadster, spirited, and was taking a twelve mile gait. "As we met," he said "I recognized the driver as Dr. Reiley, and I said to myself what a snap these

doctors have; good horses, nice buggies, thick robes, and twelve miles an hour. Before I reached town I heard a noise behind me, and turning about, along came the doctor again on his return trip, and as he went over the hill I said to myself what a fool I am. There that doctor has made \$5 while I have been going to town; it must pay to practice medicine. I started in the next fall.

“To-day Dr. Reiley is dead. He died poor and I have practiced for three years and not made my expenses.” This is only one case of mistaken identity out of thousands. They think it would be far nicer to deliver a woman of a child than to deliver a load of hogs at a railroad depot. As Dr. Monroe of Louisville, Ky., says, they imagine that the profession of the healing art will not be complete until they have launched their boat upon the arena of medicine and surgery. In their own mind, which is one of the greatest on earth, they are convinced that medicine is a lucrative and easy profession. Their minds remain in this unchangeable condition, however, but a very few months after they are turned loose (by the joint stock company or university) to feed at the trough which was once so wide and deep, but is now so narrow and shallow.

When so many who would have made first class farmers and business men, study medicine and merely gain a competence, does it pay?

We are told, and quite truly, too, that but one M. D. out of five hundred make what can be properly termed "a financial success," about fifteen per cent make a good living, about thirty per cent make a living, and the balance exist. (The difference between existing and living will be taken up later).

That doctors die young cannot be disputed. Statistics prove it and your own personal knowledge will bear this out. When a physician who merely makes a living becomes unfit for practice, he is by no means in an enviable position. If he dies, who cares for his family? When his estate is settled up what is left? Outside of perhaps some life insurance, the indebtedness of the estate usually absorbs the balance. That a great many die young because of a mistaken calling, cannot be denied. These members of the profession should have gone back to farming, or better still, never should have left it. It is not always the city boys who are the most successful, however. Many of the greatest men of the day were tillers of the soil. Dr. Senn of Chicago, who is as prominent as any surgeon in the United States, at one time had a little farm on the banks of Lake Michigan, where he cut his Summer's wood in the Winter.

Twenty-five per cent of those who graduate in medicine do not practice more than a few years;

some for one reason and some for another, but the larger number for the reason that it does not pay.

There are three doctors where one is needed.

One could do the work of three and then not obtain any more for his services than he is entitled. In the large cities of the West, as well as the East, there is an M. D. for every 250 or 300 people. In the country there is a doctor for each 500. Counting the young graduates since the last directory was published, and everyone engaged in practice in any of its branches, there are 200,000 M. D.'s in the United States. This number divided into 70,000,000 gives each doctor 350 people to support him. It would take at least \$2 from every man, woman and child in the United States to give each doctor \$700 per year to live upon, and it is a well-known fact that not one-half of this is paid for medical fees.

Considering the profits of the practice of medicine from the good you do, the pain you alleviate, the results of your effort, the prolongation of life, etc., is not considering it from a business standpoint. The wolf may be at the door, but he must be kept from stepping inside and destroying what little pleasure remains. Never banish self and family. In so doing you commit crime. The creator of the universe gave you your health and he expects you to keep it. He gave you your family and expects you to provide

for it. He gave you your brains and he expects you to use them. He gave you your conscience and he expects you to abide by what it dictates.

Another cause of the innumerable multitudes flocking into the medical profession like sheep to the slaughter, is the greed of physicians and surgeons who have married or inherited money, to obtain a large dividend out of their college and to obtain the favorable influence of their graduates and the staff positions held by themselves. In other words, they pass as shining lights of the profession and at the same time cut the throats of their fellow practitioners. Great inducements are made to students to graduate at their college owing to the keen competition of other institutions.

There are several colleges which pay over $33\frac{1}{3}\%$ interest on the investment. In Louisville, Ky., there is a medical college to every 20,000 people. With seven colleges, 200 doctors get their names before the public, where, if there were only one college in Louisville, it would be impossible for more than twenty or perhaps thirty doctors to acquire this coveted prominence.

If all statements were as true as the statement that the practice of medicine does not pay, politics would be an honest profession and religious strife would cease. Physicians as a class are not as well paid as the average mechanic.

A physician and his family are always expected to be well clothed, live well, and entertain socially. This, in addition to the extra expenses of the doctor, such as drugs, instruments, office rent, etc., leaves the doctor less on the thirty-first day of each December than the mechanic. This is something that you cannot make the young man believe, and he will go on studying medicine forever.

After considering the demands of charity and humanity and the wear and tear on the physical and mental system, it cannot be denied that the practice of medicine does not pay.

THE PHYSICIAN AS A BUSINESS MAN.

In a recent address to medical graduates the Rev. Dr. Alexander very pertinently remarked that the physician's first duty to society was to make a living and keep out of the poor-house. That this will be a question of most vital interest in the near future with a majority of the young men to whom the remark was addressed, no medical man of ten years' experience will doubt. It is true that the primary object of medicine as a profession is not the accumulation of wealth. A physician who has amassed a fortune by the practice of his profession is an extreme rarity.

Many acquire a competence, and it is the duty of every man, professional or non-professional, to do so if it is within his power. The philanthropic idea is stronger in medicine than in any other calling, except perhaps that of the clergyman. But the doctor must pay his taxes or rent; he must eat, drink, and be clothed; he must be supplied with instruments and books; he must support his family and educate his children. The effusive thanks of grateful patients do not, unfortunately, pay the bills. Fees alone will do that.

We thoroughly believe that medicine is a calling, not a trade; that the tradesman and business man may with entire propriety adopt methods that would degrade the physician. He cannot practice his profession on strict commercial principles without losing his self-respect and forfeiting the esteem of the community. There is, however, a business side to medical practice which the doctor is proverbially lax in managing. The amount of work he does is by no means the key to the amount of his income.

The Origin of Unsuccessful Careers. Laxity in business matters will explain the apparent lack of success of many a physician. Some men are wholly lacking in practical business capacity; others, from indolence or overwork, neglect to give proper attention to their collecting; while others, from failure to appreciate the value of their own services, obtain less

remuneration than is their due. People are very apt to estimate a man according to the estimate he places upon himself. If his price is habitually below the customary fees of the locality in which he lives, and he is diffident in enforcing his claims, he need not be surprised if his patients put a low estimate upon his worth and are slow in paying his bills. Just regard for the poor and unfortunate is a duty which very few physicians are inclined to evade. The laborer is worthy of his hire, and there is no more worthy laborer than the conscientious physician. He is under no moral obligation whatever to deprive himself and his family of remuneration justly due him from the well-to-do. By cutting rates he gains nothing in the long run. He injures not only himself but his fellow-practitioners by degrading the value of medical service.

Accounts—Rendering and Collecting. There is perhaps no more fruitful source of loss to the physician than laxity in rendering bills. There is great truth in the old saying that short accounts make long friends. It is frequently said that doctors' bills are hard to collect. If this is true, the doctor is in many instances to blame—not because of lack of professional skill, but because the bill is so long delayed that the patient has forgotten the matter and his gratitude has evaporated. The age of long credits in commercial life is gone. This is largely true also

of professional work in the great centers of population. In some country localities and among certain city physicians it is not true. They allow accounts to run for months or years without rendering a bill. The doctor's bill thus becomes a formidable thing and is hard to pay, and must usually be discounted. If rendered at short intervals, before it has attained to great size, it is grouped with the current expenses and is quickly paid with comparatively little effort. The doctor's care, and labor, and sleepless nights are then all remembered, and the patient feels that he is paying money for value received, and does not ask for a discount. Frequent bills, while they need not show a mercenary or grasping spirit, do show that the doctor lives by his practice and expects remuneration for his labor. It is not wise to place anything on a bill that will seem to be an apology for rendering it, such as the statement "bills rendered quarterly." A bill should be rendered as a matter of course at stated intervals, which will vary somewhat in different communities.

The struggle to make a living is for most medical men a hard one. They enter on their career without having had the slightest instruction in professional ethics or business methods, and the mistakes of the first years are by no means confined to diagnosis and treatment. Success as a practitioner depends almost, perhaps quite, as much upon social

and business capacity as upon professional training. There is no person deserving of more pity than the scholarly and brilliant physician hampered by his inability to read and deal with human nature, and cramped through life by bad business methods and lack of financial ability.

FACTS TO BE CONSIDERED IN CHOOSING A LOCATION.

In those cases where health is to be considered in choosing a location, it is well to remember that in over fifty per cent of cases a man's health is better in the climate in which he was reared. Changes of climate are just as apt to result fatally in tubercular trouble as they are to result beneficially. Minnesota, California and Wyoming are undoubtedly the most healthful for those who are subject to a phthisical diathesis.

A person brought up in the city generally does better in the city than in the country, and a man brought up in the country generally does better in the country than in the city. It is always better for one whose means are limited to make his start in the country. If married, it would be well to consider where your wife and family would be most con-

tented. Women brought up in the country generally desire to live in the country, and women brought up in the city generally desire to live in the city. The prospects for the development of the city, town or country should always be considered, as well as the ability of the people to pay. The number of doctors to the number of people is not a safe guide to follow. One thousand people in good circumstances will pay four times as much as one thousand people in poor circumstances. Too much stress is often placed on the number of doctors who are already located in a prospective field. Two physicians are often more opposition than five or six.

Never ask a mayor, a business man or a hotel keeper what he thinks of ——— as a location. The mayor—who is usually a business man—will always report favorably. Opposition is the life of trade with him, as long as you are not in his line of business. People think that a doctor who lives in a city knows more than one who lives in a small town, and this very point is a heavy handicap to a man practicing without opposition in a small village or at the cross-roads. A minister's opinion is equally unreliable. If you belong to his church the opening, in his estimation, is usually excellent, and he will do all in his power to assist you, but if you do not happen to be a member of his church, he will tell you that Dr. ——— and Dr. ——— have a

large practice, are excellent physicians, and it would be very difficult indeed to get a start.

Every one has to judge for himself and look for a reason why he is adversed to locating here, there or somewhere else. College professors will always advise you to locate near by, where they will assist you in consultations. In other words, they desire your support. As an inducement to influence you to locate near by they often offer letters of recommendation to some party they know in that place. This is one mode they have of advertising themselves. Citizens who offer you support rarely patronize you. At first they give you the warm hand, and then the cold shoulder.

I know two young boys who were brought up Protestants, who found towns of 15,000 or 20,000 population where no Catholic physicians resided. They connected themselves with the Catholic church, married Catholic girls and did well. Of the Protestant churches the Methodists usually cling to one of their members more closely than any other denomination. To ask people what they think of their own town is like asking a farmer what he thinks of his colt. People will tell you when looking up a location that Dr. Smith uses too much frumentum, Dr. Jones eats morphine, Dr. Brown has left his wife and family, and so on. No matter what injurious habits doctors have, they always have some redeeming features and

certain followers who will always employ them. One of the best reputations a physician can have is the fact that people say, "What a great man he would be if he'd only let whiskey alone." This class of doctors always get good paying cases. The young doctor is all right until the patient is about, or supposed to be about to die. The old doctor is called in, nature cures the patient, the old man gets the credit and fees while the young doctor often gets nothing but criticism and abuse.

The nationality of the people also has to be considered in choosing a location. Norwegians and Germans are the most clannish of any foreign element in this country. Irish are always hard to handle and not very good pay. The French always prefer one who speaks their language, and are also very clannish. The other nationalities are as apt to employ an American physician as they are one of their own nationality.

THE FIRST FEW YEARS IN THE FIELD.

A great many physicians, especially young men, belittle the importance of their deportment upon entering a field.

For at least one year after a doctor enters a new field he should abstain from familiarity with any one. He should listen to everything people say and say as little as possible himself. The profits to be derived from the one course are many and the losses to be sustained from the other are just as important.

People always like to measure the dimensions of a new doctor, especially if he enters a small place where every person knows every other person's business. They judge from his appearance and actions that he is a man of certain characteristics, and to verify this they usually look for an opportunity to engage him in conversation.

If during his conversation he states why he chose his present location and left his former, where he has been, who his relations are, what he can do, what he cannot do, which political party is right, which is wrong, which religious sect is right, what he thinks about this, that and the other things, he is sure to injure himself materially. His ideas cannot

possibly coincide with every other person's ideas. There is sure to be a conflict somewhere. Other people may not have the same exalted opinion of him and his ability as is held by himself. They say to themselves, "If he held a good practice in his former location, why did he change?" Perhaps their political and religious ideas are adverse to his. The consequence is that when a man tells all he knows about himself, his hearers' curiosity is satisfied and their first impression—which is often permanent—is unfavorable.

On the other hand, there are always some who desire to become intimately acquainted with him. To these it is never advisable to confide secrets, for while to-day they are your friends, to-morrow they may be your enemies, and the information they gained while in your confidence can be used against you with telling effect.

Women especially confide in doctors. The doctor learns all their private and family troubles, which he is expected and which he is in duty bound to keep within himself. In giving away these secrets—which so many are prone to do—he not only suffers from the loss of the one patient and family, but frequently the adverse criticisms of their friends.

One of the first qualities of a business man is to protect himself against public criticism.

The wealthiest man in America, John D. Rocke-

seller, is said to have complete control of his tongue. His income is said, by those in a position to know, to be seventy-two thousand dollars every twenty-four hours. One of the principal causes of his success is said by himself to be the fact that while in conversation he has cultivated the habit of obtaining from those with whom he transacts business points which he can use to advantage.

The people with whom a physician deals in his capacity are far more susceptible to giving advantageous points to him than the people with whom a business man comes in contact in his transactions.

When people say to you, "Well, Doctor, how is business?" Never say "good" or "fair." Always state that you are satisfied. If you say it is good, the veracity of your statement may be criticised; if you say it is fair, some would consider it an acknowledgment of a very limited practice. When people ask you what your diagnosis of Mrs. Jones' case is, simply state that at the present time she is suffering mostly from —— trouble. Never say you think this or that, as it is equivalent to stating that you don't know. When people ask you whether Mrs. Brown's case will be fatal or not, state that it depends largely on the complications, or something else. Never commit yourself either way, for it is not business. When you are asked concerning the merits of a certain preparation prescribed frequently

by one or more of your competitors, never speak of the preparation in a depreciating manner, especially if you prescribe the same preparation yourself.

I was in a doctor's office once when a lady came in and asked his opinion as to the virtues of Ozomulsion for bronchial troubles. The doctor told the lady that it was not worth a ———. The lady politely informed him that two different physicians had prescribed it for her mother and married sister, that he himself had prescribed it not only for Mrs. ——— but for his own wife. The doctor certainly was bewildered; he was not an Irishman and did not know what to say. Finally he stated that he did not think it suitable for her case. About a year after this I met the doctor again and he stated that he had not been called to that family since. This is merely one case out of thousands where by trying to belittle their competitor physicians injure themselves. Every doctor, every preparation and every patent medicine has its friends.

When asked if Dr. ——— is a regular graduate, say you think he is; if you know that he is not, state that other doctors have told you he is not a graduate in medicine. The Doctor and his friends can take no offense at this, and it relieves you from the reputation of running other doctors down. If a person hands to you a bottle of medicine and asks as to its powers to cure a certain disease, do not throw it

through the window and state that it is poison, that it would be dangerous for the children to get hold of, or that it would have killed them if they had taken another dose. It does not injure the other doctor materially, except with the extremely ignorant and rough class, and with sensible people, it injures yourself.

Never speak depreciatingly of other doctors' horses, buggies, instruments, library, ability, or anything else. You may not think that it injures you, but it certainly does.

It is often stated that Dr. ——— obtained his practice by walking about town with his grip in his hand or driving through the country with his team. The results of this practice are not what they are said to be. There are always some redeeming features about these doctors whereby they obtain a foothold. Although it is possible to create the impression that you have business, in this way, there are disadvantages that are often more disastrous. Other physicians are appraised of this practice by pedestrians who have noticed it, or perhaps have been sent to follow you purposely. Others ask you who you are attending in that portion of the city, town or country, and you are placed in an embarrassing position. These objections, in addition to the calls you miss in your absence from your

office and the cost of driving, in the majority of cases more than offset the advantages obtained.

Many young physicians who have considerable spare time loaf about barber shops, blacksmith shops, grocery stores, saloons and hotels. This detracts from your dignity. The associates met in these places will not do as much to assist you as they would were you more conservative. You not only lose prestige, but also valuable time. You frequently get mixed up in discussions that cause enemies, and at the same time you lower your estimation of yourself. This will give you lack of confidence in yourself, and the public will lose faith in you, in nine cases out of ten.

A Minnesota doctor at one time owned a blacksmith shop, saloon, livery stable and drug store. During his spare moments, which were few, he worked at the anvil, tended bar, groomed horses and clerked in the drug store, and took an interest in all his investments. There were two better qualified physicians in the town than he, but still he retained the patronage of the upper class, as well as the lower class, while his competitors had very little to do. The reason for this, as given by himself, was that he neither drank, loafed, nor played cards, while his competitors did. This is an example of how the public admire a man who is interested in his own affairs and not in the affairs of others.

A young physician should always watch the trend of public patronage; he should note the good and bad traits of his competitors; he should note the causes of success or failure in his opposition and profit by the same; he should look for the influential citizens of his community and cater to their good graces, and take every legitimate opportunity that is offered to obtain a foothold.

It is not advisable to waste time or money catering for the influence of those who are firmly attached to a competitor. If you are compelled to do this to obtain a competence, place your energy where the chances of success are the brightest. Purchase your supplies with a view of prestige, provided the prices are the same. Never rent a pew in a church or subscribe to the salary of any particular pastor, unless it is for the purpose of keeping peace in your own family. If you are married, watch the acquaintances made by your family, and if single never engage in public flirtations. Doctors' wives often get them into trouble by not guarding their conversation. They should never speak of your business or patients to callers. Statements often become distorted, with serious results. Doctors' wives soon become educated to their duty.

The profession is filled with men who are well equipped as far as the knowledge of their profession is concerned, and who can prescribe for almost every ailment with which we are called to meet, and who after thorough trials have failed to accumulate an average practice, simply because they are not business men, and lack the tact that is so necessary for success in medicine.

When we see a doctor of this kind on one corner, doing nothing and a doctor on the opposite corner who is practically an ignoramus doing a large business, it reminds one of the expression once used by the late P. T. Barnum, "The American people do so like to be humbugged."

A great many young men rely too much on a college education. It is not the time spent in college that makes the successful physician, it is his business ability in after life. We all can recall instances where in college we have heard the remark dropped that student Murphy or some one else who never made a success of medicine because he did not study, or because of something else, and later on we have heard of Murphy's great success, and the complete failure of Dr. Knoweverything, who we thought would turn at least a small portion of the earth upside down.

At a college in Detroit, the officers of a class (five in number), who were chosen because of their stability, turned out failures in four cases out of five.

One chose the morphine route, two the frumentum, and one the divorce and cocaine route.

Partnerships are not as a rule satisfactory. Your own qualities and the qualifications of your partner will not be evenly matched. Alliances of this nature are not as congenial as they are supposed to be; in the first place, no two people can think alike, and secondly, the public as a rule are opposed to it. If you should enter into a partnership agreement, never allow yourself to be called a junior partner. Enter into your agreement on equal terms and not as a secondary consideration.

Locating. If you have not already chosen your location, you will find it a difficult matter to determine just where you should locate. North America is a large territory and the advantages and disadvantages of each place must be considered carefully, both as to present and future prospects.

Many Mistakes are made at the commencement of professional careers. It is the same with the attorney as it is with the physician, while the minister does not expect to make his permanent abode in any particular village, town or city. One thing to remember in choosing a location is that, there is no farmer who can succeed when he farms a poor farm, and there is no physician who can rise to fame in a poor location, among poor people and in a locality that is not thickly settled. If you want to do business, you

must go where there are people to do it with. It is always wise to choose a locality in which you would be satisfied to remain and where you think you are suited to the people. If you are a partisan in politics or religion, remember that unpopular opinions in these matters are very injurious. If you are young and smoothly shaven, you will frequently hear the complaint that you lack experience and have had no opportunity as yet to become well posted. Pay no attention to these remarks, but keep right on minding your own business, and adding stone by stone to the pinnacle of your fame. Show to the public by good habits and good judgment that you are deserving of their patronage and they will patronize you. Many little things will give you an opportunity to gain a foothold and introduce you to families who will in later years employ you.

If you locate in a small town of two or three thousand, or in a city, the location of your office will have considerable to do with your practice. It is well to select an office in the portion of the town in which the main portion of the business is conducted. A number of doctors choose an office located in a thoroughfare which is passed frequently by laborers and mechanics. If you should locate on some back street, you are supposed by a great many to be a second-class man, and your entrance into a paying practice

is often greatly delayed. A great many think that if they locate a block or two out from the center of the town, and perhaps the same distance from another doctor's office, they will do better than to locate among a number of other doctors' offices; but this is not a fact, as a great many think that perhaps you are afraid of competition, and they naturally think that if you do not feel competent to cope with your opposition, they do not feel justified in employing you.

You cannot rely on your near neighbors for practice. People in your vicinity may never employ you, while others in distant portions of your town will pass by an other doctor's office to employ you.

If you remain in your first location or near by, you will be better off, as removals often cause the commencing of life over again. In their ambition to obtain all the business they can handle, some establish branch offices. It is seldom if ever that more than one office can be made to pay. People who know you have two offices often do not know at which office they will find you, and for this reason they send for some other doctor, especially in emergency cases.

In addition to this there is added work and worry to keeping up double offices in addition to the expense, and it is one case in one hundred where one office is not discontinued in a short time.

On the other hand it is dangerous for a young physician with limited means to locate near the offices of a number of established and energetic men, and it is often the means of crippling his progress materially. The same is also true with free clinics and dispensaries.

A doctor who locates on a corner has numerous advantages over one in the center of a block. In the first place the light is always better, and in the second place the office is seen by more people, and a side or private entrance is more easily obtained, especially if your office is in connection with your house.

Every office should have a comfortable reception room, and also a well-equipped consulting room. Patients, especially women, do not like to leave the consulting room and pass out through the reception room, so it is always better to have an exit as well as an entrance. The exterior should receive care in its appearance as well as the interior. A physician's office should have the appearance of a physician's office, and not that of a shoemaker's shop or livery office. In most cases an office on the ground floor is preferable to one up-stairs, but in towns where there are but few doctors, it does not make so much difference. In Columbus, O., the doctors' offices are mostly in small frame buildings by themselves, while in Detroit they are in blocks and in private houses. In some towns the people are pre-

judiced against offices in connection with the house, while in other towns this difference is not so noticeable.

THE ADVISABILITY OF PURSUING SPECIALTIES.

The word specialist in its true meaning is one who limits his practice or devotes his entire attention to one branch of practice. It is used however by men who profess to be experts at anything and everything, and the business of the true specialist has been greatly injured thereby, and by lecturers and demonstrators in medical colleges and universities posing as general practitioners paying special attention to this or that, to say nothing of the quacks who are specialists in every ailment known to mankind.

There are very few physicians who at one time or another have not considered the advisability of pursuing some special line of work, and for the last fifteen years specialists have increased so rapidly that at the present time, out of 150,000 physicians in the United States, we have 5%, or 7,500 divided as follows:

Eye and Ear	800
Nose and Throat	1050
Eye, Ear, Nose and Throat	1150
Surgery, Rectal	90
Orthopedic	125
Abdominal	300
Genito-Urinary	185
General	500
Women and Children	850
Diseases of the Digestive Organs	600
" " " Nervous System	720
Dermatology	500
Chemists and Pathologists	830
	<hr/>
	7500

The greatest increase has been in the large cities which contain over one-third of the population of the country.

Fully one-half of those who give up a general for a limited practice return again to general practice. There are three reasons for this: first, they are not adapted for their work; second, they are not qualified for the work, and lastly, they find opposition as keen in special as in general work.

Adaptability is a great thing in medicine, as much so as in anything else. Unless you feel that you are not only competent but also adapted for the specialty you choose, never choose it, for your chances of success will be very small.

From the financial standpoint, surgery is the most lucrative provided you are competent and adapted for it. The surgeon certainly merits large fees. His fee is seldom questioned. He is, in one sense of the word, the same to the profession as a general is to his army. It is his hand which guides the course of critical events and handles the throttle between life and death.

A surgeon whose practice in '97 reached \$15,000 (in addition to \$2,250 which was paid for the patronage) states, that not more than \$3,000 came direct, the remaining \$12,000 being referred to him or brought to him by general practitioners.

There are two necessary requisites for a good surgeon, one is confidence in himself, and the other is practice. A great many have the confidence, who, if they had the practice, would become proficient surgeons. One great inviter of confidence is hospital facilities and trained assistants and attendants, but unfortunately all do not have this at their disposal.

Of the different branches of surgery, abdominal is the most lucrative, as it is attended with more than ordinary risk, although the results from rectal, orthopedic, and the surgery of the genito-urinary organs are usually attended with satisfactory results, for which people are always ready and willing to pay a more than ordinary fee.

A practice limited to diseases of the eye and ear is next to that of the surgeon from the standpoint of fees, and in many cases could be properly classified as surgery. His work, being fine, requiring a steady and skillful hand, entitles him to a large fee, which people are always glad to pay owing to the results obtained. The number of physicians in this line of practice is unusually large, but there are yet good openings for competent men, as of all the specialties, the eye and ear contains more incompetent men than any other. This incompetent class, along with a large number of people who call themselves opticians, obtain considerable practice, but at the same time their work is not satisfactory in a large number of cases, and often bad is added to worse. Some oculists claim they increase rather than decrease their practice.

The nose and throat is not the lucrative business it was eight or ten years ago. Nearly 50% of general practitioners are now supplied with the fixtures and apparatus for the non-surgical treatment of these diseases, while considerable of the surgery drifts into the hands of the regular surgeon.

The field for gynecology is always good, but unless the physician is competent to perform his own operations, the fees are limited, considering the attention which these cases require.

Diseases of the digestive organs, the nervous

system, and urinary organs are good specialties for office work, but owing to the unsatisfactory results obtained in the treatment of the chronic cases, it is with difficulty that much more than an ordinary fee can be obtained.

From the financial standpoint, a limited practice is to be preferred, provided the physician can command a reasonable amount of patronage. The fees are larger, the book accounts are less, and your work will be more satisfactory to your patient and also to yourself.

No matter in what branch of business you engage, in order to make money you must give satisfaction, and as the specialist is more competent in his line than the general practitioner, he is better able to give satisfaction.

It is impossible for the specialist to be modest and honest at the same time. However quietly the specialist announces himself as such, he cannot evade the fact that the declaration of specialism is either the assumption of special skill and knowledge along certain lines, or the promise to acquire it at some later date by experimenting on patients or otherwise. In a number of cases the doctor takes up a specialty immediately after graduation under the guidance of some experienced physician who has become an expert in some certain class of cases. In this the young physician should not be censured, although he

will always be weak from the standpoint of general practice, a few years of which every doctor requires before taking up any special line of work. If we grant that a specialty should follow upon a general experience, it is evident that the physician should pass through a transition period. The question now arises as to how long should the physician engage in general practice before announcing himself as a specialist, and how long should he continue to take general cases after this announcement is made. In answering the first question it would seem as if from two to four years would be sufficient, and in the latter, it would depend upon the success of the specialty from the financial standpoint.

A physician who does not succeed in general practice rarely succeeds in a specialty. The common sense view of the case would be that as the profession regard him as a specialist, in the same proportion should he throw off his general practice. A physician entering a special field is very apt to obtain the ill-will of the regular physicians unless he uses considerable tact. In emergency cases where he is liable to be called in, he should turn the case over to the family physician as soon as possible. In consultations requested by the patient and not by the physician, and where the patient desires him to take the case, it is better to advise the retention of the regular physician on general principles, although

you know at the same time that he is not friendly to you and that all he desires is a new grasp on the case.

The wholesale distribution of reprints should not be indulged in by specialists who have not been in the field at least three or four years, if at all. They are always objectionable to the regular practitioner who has a leverage on you which might cost you hundreds of dollars, as he can say that a year or so ago you were in general practice and that he had not heard that you were a specialist.

There are many other points which cannot be mentioned in this book against which the specialist must guard, for while the general practitioner is opposed to specialism, the specialist depends largely upon him for success.

In buying your office outfit buy nothing that looks cheap. Possession is nine points in law and appearances are equally valuable in medicine. The quacks invariably have fine furniture and tasty decorations in their offices, why? To invite confidence. Strive to invite confidence in yourself because it is business. Success in business and professional pursuits will cause your letters to be addressed to Dr. Prosperous, 400 Easy Street. Let your office contain nothing but what pertains to your business, as other things sometimes detract from your professional prestige.

I once called on a doctor down on the Ohio River

below Wheeling, W. Va. The doctor complained that the community was exceptionally healthy and that but very little sickness was stirring. In one corner of his office was a canoe, on his mantle was a stuffed alligator in a glass case. In different sections of his reception room were stuffed snakes, stuffed birds, devil fish, hornets' nests, etc., while two or three dogs were lying on the floor, presumably to protect a human skeleton which hung in the corner of the room. The doctor, upon being asked if he had retired from practice, stated that he was still in business, but the practice had retired from him.

There are a great many physicians who do not deserve any practice; they do not think and they will not allow any one else to think for them. They display all manner of religious and political emblems in their offices which cannot but be repulsive to one-half of the people who grace their reception room. In addition to this they take sides in political and religious arguments and other leading questions of the day, which frequently cause, either directly or indirectly, their dismissal from cases among partisan patients.

Do business from the start on business principles. Be respectable and be punctual. Be honest and straightforward in all your dealings. Keep your office well heated by day and well lighted by night. Do not allow your wife and family to lounge about

your office and read your journals. One person is always enough to answer your door-bell. Patients always call at your office to see you and not your family.

Be careful in selecting your companions. You will be judged by the company you keep. Drop at once those companions whose object in life is aimless, and hold fast to all that is good. Have nothing to do with those whose ambitions have been blighted in order to make Milwaukee famous or whose good names have been tarnished in the interests of Louisville, Ky. Never allow yourself to be seen in the company of sports. No physician who has a good opinion of himself will be seen at sporting events, associating with rowdies and gamblers.

Be kind and courteous to all with whom you come in contact. Consider all men as brothers, and all women as sisters, but do not be too confidential with your business relations, or enter their homes without knocking first.

It is not advisable to associate with quacks or pretenders. Your brother physicians will not respect you for so doing, and it will attract the attention of the better thinking public.

Wine and women have been the ruin of many promising young physicians. Harlots and concubines certainly have their good traits which we cannot deny and which we cannot but admire; the

dictates of conscience, however, will not permit your association with this class of people. Association with the gentlemen of the green cloth will not only wreck you financially, but insure your social and moral death. A good name has a certain financial value and will tend to make your life happy, and enable you to withstand the criticisms of critics and town gossips. Select your associates with great care, and exercise judgment in those who choose to visit you at your office. The public will look upon you as a public character and will expect you to be sober and industrious. You will be looked upon as more than an ordinary person and morally worthy of esteem. Remember that in no profession is the influence of faith and confidence more marked than in medicine. As a physician you are to a certain extent public property, and you will be watched at every move, especially by women, for defects, not only in your associations, but also in one thousand and one other things.

Your appearance, manner, conversation and habits will all be noticed and thoroughly discussed and the woman's grand jury will pass sentence upon you and bring in a true or a false bill whenever the opportunity permits. Keep in mind at all times that what you desire people to think most of all is "That you are a good physician."

Every doctor should have regular office hours and

keep them posted on a neat card in some conspicuous point in his office, on his office windows, or at some other conspicuous point on the exterior of the office. There is one objection, however, to having your office hours posted where they can be seen from the street, and that is, the fact that parties calling to consult you outside of your office hours may be turned away by noticing your announcement of office hours, provided he noticed them when he intended calling at other than your regular hours. Your situation in business, however, should influence your decision on this point. Young physicians often catch numerous emergency cases by remaining in their offices the greater portion of their spare time. Strangers in the city and those anxious of obtaining the assistance of any one as long as he is a physician, frequently assist the young doctor to get a start by being able to find him at almost any time.

Have a pad of paper or a slate at some convenient place in your office so that those intending to call you when you are out can leave a message to that effect. It is also a good plan to have the request made on the pad or slate for the name and address to be written plainly in order to avoid mistakes.

A small basket or plate containing your card with name, location of office and residence, and also the hours for office consultation should be left on the table of your waiting-room. These cards should not

be too large, one inch and one-half by three inches is plenty large enough.

It is also well to supply yourself with a small but neat bill-head and also with stationery with your name and address printed thereon. Your bill-heads should read "For Medical Services."

To prevent exposure and inconvenience, a speaking-tube from your office door to your sleeping apartments will be of benefit, especially in cold weather. The telephone is now almost indispensable and competition makes it almost imperative that you obtain one.

A regular system of bookkeeping will not only enable you to keep your business matter straight, but will assist you to obtain your proper fees in cases of dispute. The system of Dr. Henry Leonard, of Detroit, is the best system I ever used, and the cost for the set is very reasonable. A card to the "Illustrated Medical Journal" of Detroit will bring you a description of this system, and may save you considerable money, inconvenience, disputes and other annoyances.

It is well to record the name, occupation and residence of all new patients, for while it may be clear to you at the time as to who they are, what they do, and where they live, yet when your practice increases and your patients multiply, the necessary

information regarding them may be wanting, and result in the loss of money.

A copy of the regulation fee-table placed in a conspicuous place in your office will have its beneficial results, and at the same time announce to the public that you are not a cheap man. In cases of dispute in regard to the fee charged, you can refer your patients to the fee-table for final reference. This will also show that your demands are not more than ordinary regulation charges. A great many physicians have signs in their office, "Office Consultation from \$1 to \$10 Cash." This not only states your charges, but shows your rule; it also reminds those who perhaps otherwise would forget to pay, and also gives you an opportunity to obtain extra fees for extraordinary cases, such as minor accidents, private diseases and cases where a careful examination is necessary. This card will also apprise those whom you charge but the minimum fee that you charged them very low compared with your regular fee. It also implies the fact that your services are really worth ten dollars, where you charged them but one or two dollars.

It is wise to cultivate an office practice, for the fees for this work are very frequently cash, and the remuneration is greater in proportion to the time expended. Endeavor to satisfy every patient who calls at your office to consult you. Show by your

manner and actions that you feel an interest not only in his physical welfare, but in him in general. If you are in doubt about any point in regard to his case, do not hesitate to take a book from your case and consult it in his presence. It will not detract from his exalted opinion of your ability, and he has confidence in you or he would not have consulted you in the first place, and on the other hand it will show to him that you are careful and anxious to give his case (which is of great importance to him), your best judgment.

Do not keep a drug store at your office, but keep those remedies most frequently prescribed by yourself and such remedies as are necessary for emergency cases. There are a great many physicians who at the time they graduate know but very little about the odor, taste, smell and appearance of drugs, and by handling them in office work, it assists them to become more familiar with them.

An aqueous solution of magnesia sulphate colored with caramel and flavored with peppermint is a cheap and useful article to keep in your medicine case. If Epsom salts cost five dollars per pound, there would be more of it used than there is to-day, when it can be purchased for three cents. Sul. Mag. and cheap doctors are both judged by the price demanded for their services.

Some druggists may claim that you have no right

to supply your own medicines, but that is your business and not theirs. Druggists of this class, like many others, are very conceited, and even in filling your prescriptions, should you write them, would dictate to the patient as regards its efficacy. There are thousands of druggists who are the very finest type of men, but ask the wholesale drug drummer who the most conceited class of people on earth are, and he will tell you—druggists.

Extensive home dispensing is, however, not profitable, although there are instances where it assists you in retaining patients, as many are prejudiced against going to a drug-store. Again it saves you many night-calls, for, being supplied with the different remedies, and acquainted with the families, you can often send medicine that will tide the case over until a time more opportune for making the call.

Office Equipment. There are certain equipments and fixtures which all physicians require, the presence of which invite confidence and act as a silent advertisement. One of these is a surgical chair.

That chairs have paid for themselves several times over by their mere presence in a doctor's office cannot be denied. Women are modest, especially in the country, and the prevailing idea among them is that chairs are for their special use.

The presence of a chair in a doctor's office silently mentions to the public the fact that Dr. —— has

enough gynecological work to warrant the expenditure of one hundred dollars.

A surgical chair in a physician's office is seen by at least 3,000 people each year and the above idea revolves in the minds of at least one-half of this number. Perhaps some of these women can recall the time when they were placed upon a sofa, a table, the floor, or in some other awkward position for examination and treatment, and in these cases the presence of a chair in your office invites confidence in your ability and reflects detrimentally on the doctor who had no chair.

A chair is not only a convenience to yourself, but it adds to the appearance of your consulting-room. It not only facilitates your work, but makes it more satisfactory, and under ordinary circumstances a chair will pay for itself in a very short time.

The Harvard Company, of Canton, Ohio, have within the last few years greatly reduced the price of the Harvard chair, and offer very reasonable terms on the present price, and as a matter of business and economy it is policy for all ambitious physicians to purchase a chair.

Tact. There are no definite lines that can be mapped out for the employment of tact in the medical profession. No physician can be told just how, when and where to employ it, but by good judg-

ment and the study of human nature he can acquire it.

Tact, in the management of cases as well as in the management of the public and your business affairs in general, is necessary for success. To cite a case for instance, where hundreds of physicians make mistakes, we will consider the physician as a financier. A patient comes into a doctor's office, suffering with piles. The doctor either supplies him with medicine, or writes him a prescription for his ailment, asks him to call in a few days and bids him good-bye. His fee is usually one dollar. In fifty per cent of cases the patient does not return so that the average case nets the physician, say one dollar and a half, for which only temporary relief is obtained, the trouble returning later on and in one case out of two, the patient then tries another physician.

In cases of hemorrhoids and other cases where the trouble is annoying, yet not attended with danger, is where a great many physicians fall down. It is always wise to take these patients by the case. First, ask if they came for temporary relief or permanent relief, and they will say in nine cases out of ten for permanent relief. If so, make a careful examination, state what has to be done, and if the patient is not willing to undergo an operation, mention to him, not that you will cure him, but that you will take his

case for, say not less than \$10.00. There are many patients who will not resort to an operation, and in these cases many prominent surgeons are now using the aesculus suppository which is manufactured by the Goshen Pharmacal Co., of Goshen, Indiana. A box of fifty of these suppositories are mailed, post-paid, upon receipt of one dollar and fifty cents, and it is far better, from the financial standpoint, to pay one dollar and one-half for a preparation that will bring results and satisfaction, and obtain a reasonable fee for it, than it is to pay twenty-five or fifty cents for one that will not give satisfaction, let alone effecting a cure, for which you only obtain a small fee. I have used the oral, nasal, vaginal and rectal suppositories made by this company with excellent results, and in cases where an antiseptic, astringent and anodyne effect is desired, no injections can be used with such telling effects as is brought about by the use of these suppositories, which are both odorless and stainless.

Perform every professional duty with promptness, and in this way you will get your immediate duties off your hands and be prepared for immediate attendance on other patients. When called to emergency cases and accidents, go immediately, and if then you are too late you will have no reason to find fault with yourself, and no one else will have reason for similar complaint. If other patients have a prior claim on

your services, and the case is equally as urgent, send a remedy to the patient who last called you, or explain the circumstance and state your regrets at not being able to attend him. By so doing, you will avoid criticism.

If, when called to an emergency case, you find that the friends of the patient have, in their excitement, telephoned or sent for other physicians who have not as yet arrived, have them send a messenger to cancel the call, and by so doing you will not only save the patient additional expense, but the other doctor unnecessary trouble.

Strive at all times to increase the confidence of your patients in your ability as a physician. In cases of nervous and excitable patients, this can be frequently brought about by resorting to the use of books, instruments and tests pertaining to their case, while in their presence. It shows that you are interested in them, and it is easy to reason with them and prove to them that there is but very little, if anything, wrong with them.

Respect at all times the ideas, not only of your patients, but of the world in general. Attire yourself in good clothes and abstain from the appearance of everything that would tend to show carelessness and neglect. Govern your dress and style according to the prevailing customs. It is wise to conform to the prevailing style, even if it borders on absurd-

ity. You never see a gambler, a confidence man or a swindler who dresses shabbily or in bad taste. These people are all engaged in the study of human nature, and no matter how black their hearts may be, they at least assume the tone of a gentleman. From this you can conclude that if dress will do so much for this class of people, who are nothing but fallen specimens of humanity, how much greater influence will appearance, manners and a guarded tongue have with a man engaged in a noble profession. Even though your financial condition will not permit you to expend what you would otherwise desire to, for clothes, let what you have be neat and genteel. If you are not neat in dress and polite in manner, it will cause you to be criticised and perhaps shunned. Dr. Tact, whose head is almost empty, is able to dress well, live well and enjoy life, while Dr. Talent is unable to pay expenses. In the city of Cleveland there is a physician who twelve years ago failed to pass his final examination in medicine. He went to another college where the examination was less stringent and received his diploma, and to-day he has practically retired and is able financially to buy two or three colleges such as the one wherein he was plucked. Physicians who know him say it was tact and not talent that did the work. It is the same way in the city of Toledo and also in Detroit, and in fact the world over that tact is what makes the

man. Dr. H. O. Walker, of Detroit, who is dean of the Detroit College of Medicine and Surgery, or in other words, the head of an advertising bureau by that name, is admitted by the foremost quacks in the country to be head and shoulders above them as an advertiser. This, however, is nothing to the detriment of the college, which contains many eminent professors. A surgeon who is a member of the American Medical Association, a member of half a dozen minor medical societies, visiting surgeon to two or three hospitals, professor of surgery in a medical college, and general manager of the same, is in a place where he can place his half-tones in the newspaper offices, tip the reporters and bluff off the other members of the profession with, "I can't stop the papers from publishing these things." The truth of it is, that a man of this stamp is far lower and degraded than a firm like Kennedy & Kergan, who do people openly and not behind their backs.

Dr. Walker is to be admired for his pluck and stubbornness, which has had much to do with his success. He is often spoken of as the college bull, but this is nothing to his detriment, as a man who can rise from a brick-maker to a prominent surgeon in so short a time, shows to the world that even if he has his bad traits, he has redeeming features as well.

Every physician should bear an air of respectability. He should, in the first place be clean. If he

wears a beard, it should be kept neatly trimmed, and if not, his face should be cleanly shaven. Polished boots, clean linen, and fashionable clothing all show self-respect and make their possessor feel more self-reliant.

The public will employ a neat and tidy physician, even if they do not consider him quite so proficient, before they will employ one whose every feature shows carelessness and lack of taste.

Never occupy your time electioneering for any particular party, person or cause, for its effects cannot but be detrimental to your interests, and especially if you are a young man. When you get your reputation established, and enough of the world's goods laid by to serve your future wants, it is not so important that you should be non-partisan, yet partisanship at its best is a bad boat in which to sail. It is easily capsized and uninsurable, while the rudder is as unmanageable as public opinion.

In regard to religion, it is better to take no interest in any particular church or sect. It is evident that the bible is not authentic, but as long as it does some people a great deal of good to think so, and you no harm, just let them believe as they will and you do the same. God Almighty would never employ a high-way robber and murderer to write the first five books of the bible, which include most of his laws, but you cannot make the Methodists believe it. He

would not destroy the world with water and save but one family, the head of which would have been lynched had he committed the crime in Texas which occurred upon his landing on the mountain; but the Baptists say it was perfectly proper. Religion (the old kind) has had its day, however, and it is now becoming more of a commercial affair than anything else.

Never ride about town on your bicycle with short pants, colored stockings, white shoes and a small cap stuck on the back of your head. Some doctors have actually ruined their practice by these childish actions. It looks more like second childhood than the doings of a dignified member of the medical profession. I am not in any way advising you not to ride a wheel, for there is probably no better exercise, but at the same time it is better to drive. A riding physician has advantages over one who walks or rides a wheel. One who walks or uses a wheel is often fatigued when he reaches his patient, where he is expected to be at his best. He is also more liable to be stopped by pedestrians, who not only consume his time, but perhaps draw him into arguments or make inquiries about things, which for politeness sake, a courteous reply must be given, even at the risk of bad results.

In purchasing a horse always get a good one. A horse that is poor, or one that weighs eight or nine

hundred pounds eats just as much as one that weighs twelve hundred and fifty pounds, and one that travels eight miles an hour eats just as much as one that will go twelve. Shoeing and other expenses are the same. Instead of driving a team, drive each horse singly and let the one rest while the other is busy, then you always have a fresh horse. Your harness and robes should never look cheap, but rather substantial.

In purchasing a buggy, get one that has a medical appearance. In cities and small towns of two or three thousand, everybody recognizes a physician's buggy by the top and lights. The Doctor Pepper Buggy, which is made at Columbus, O., by the Columbus Buggy Co., is in great favor with physicians generally. The doctor can buy it direct from the manufacturers, and save the cost of the middle men, while the buggy is well made and contains good material, being built especially for physicians, and contains advantages that other buggies do not have. It would be a good plan before buying another buggy to look into this matter, as from ten to thirty dollars can be saved, in addition to the convenience, while the appearance of the vehicle will attract attention to yourself. It is not unprofessional to attract attention to yourself in this manner. A good-looking horse, with a clean and well painted carriage, is also a source of health and enjoyment, and when pur-

chased shortly after entering a field, it shows that your practice is growing. Success is considered by a great many to be the chief source of merit. You will find that you can ride into a practice quicker than you can walk into it. If your horse is poor and bony, and your buggy old, broken down and muddy, do not let such an outfit be seen standing in front of your office. People might think that the appearance and ability of its driver was in due proportion to his conveyance.

A heavy monogram, as "Dr. H." on the bridle blinds, adds to the appearance of your outfit, is appropriate, is ethical and at the same time will act to a certain extent as an advertising medium.

Never go into a house without tying your horse or having some one to attend it for you, so that you will not be continually wondering what is going on outside of the house, and will not keep running to the door or window every five minutes to see whether you will walk home or ride. People desire your attention in its entirety and expect to pay for it, or at least have it charged to them.

Never make yourself so ridiculously conspicuous as to have other doctors make fun of you for your sensational scheming and other devices to obtain practice. We often see physicians driving mismatched teams, odd-shaped and painted vehicles, wearing slouch hats, long hair, or odd colored clothes.

Never have yourself unnecessarily called out of churches, theatres and other public meetings for the purpose of attracting undue attention.

What Comes Easily Goes Easily. This is true in regard to medicine as it is to other things. Circumstances will often bring one into notice, but they will not always sustain him, and he is finally estimated at his true value. The best reputation is that which is obtained by talent, but it is not always the case, that the public are able to judge between talent and tact. If one is forced into practice by circumstances, it is not always that he can retain it, and the greater majority soon sink to their true level. Even if your reputation is built upon talent, you are compelled to work to hold it, and at other times present other evidence of your ability.

In case you move from one office to another, or recover from serious or prolonged illness, it is perfectly proper to place a card in the paper to that effect. Never puff yourself, your ability, your apparatus, your skill or your success with cases through the newspapers or through any other medium. It is unprofessional and looks quackish. Medical journals who permit doctors to advertise themselves through their instrumentality, should be dropped at once. Nobler efforts and loftier sentiments should be used to gain practice than by these methods.

At all times govern yourself in a professional manner and in a professional spirit, as much of your usefulness, comfort and success will depend on it. Do nothing to gain popular favor that is not in accordance with the true dictates of your conscience, and while thus engaged be sure that there is no conspiracy between your bank account and the organ whose dictates the Good Lord expects you to follow.

It is quite natural to expect your professional neighbors to call upon you a short time after you enter a new field. This, to a certain extent, establishes reciprocal or friendly intercourse. If other doctors fail to do so, it should not be too quickly construed as any demonstration of ill will, for it may be that they are too busy, or it may be that when they did call you were not at home, or they may be in doubt as to whether you are a regular or irregular.

Some physicians claim that it is the duty of all newcomers to call on them, and to tell of their ethical intentions and honorable business hopes. Because a man is slow in making friendly overtures, it does not imply that they will not be congenial friends when acquaintances are made.

There is a considerable difference between a new physician starting in a community or a neighborhood, and a stranger starting in some other business pursuit. The demand for physicians cannot be increased, while the demand for other things can be increased.

Every family a new physician adds to his list must be taken from the list of some other doctor, and naturally, when a doctor enters a new field, the older doctors are not at all pleased. Old practitioners invariably feel the tinge of jealousy, and are watchful of their new brother, whom they look upon as an antagonist and opponent, and as the law of self-preservation leads every man to look after his own welfare first, unpleasant animosities are apt to rise. Older practitioners are often suspicious, cold and sensitive toward all new-comers, because they are sure to have, sooner or later, at least a small portion of the business now possessed by themselves. With skilled labor, labor is decreased, and with skilled physicians medical attendance is decreased, and where opposition is keen, each tries to do the best he can, and this as well as the increase in the number of physicians tends to decrease the demand for doctors. There is always the same number of accidents, confinements and fever cases, whether there are ten physicians in the field or five, and the new-comer must draw his trade from the others.

Competition in medicine is undoubtedly an advantage to the public.

The Conduct of Physicians in the Sick-Chamber is one point that has not received the discussion by medical journals that its importance should command.

The last issue of the *Syracuse Clinic*, in regard to this subject, says:

Don't stare at sick people!

If when you enter a sick room you find that the ravages of disease have made marked changes in the countenance of the sufferer, don't look him over as though he were on exhibition. It is scarcely polite, and if the patient be convalescing and has strength enough he may throw something at you. At least it would be good exercise for him if he were able.

Don't preach!

The patient may have been a most wicked old sinner, and you may be cock-sure that you are fully competent to point out at least a dozen times in his past life where you would have done very different from what he did, but don't do it! There are two good reasons why you should not. The patient will either live or die, but unfortunately you don't know which. Now, if he be going to die, you cannot at this enlightened age of the world, be so filled with self-assurance as to suppose that anything you may say will do him any good; and then if he live, he may remember some of those pious things you say to him and repeat them to you at the most inopportune moments. So don't preach!

Don't stand at the head of the bed where the patient cannot see you!

It may be that the sick person does not care a

of one who brings good tidings to those whose world is bounded by the four walls of a sick-room.

Do not boast of your ability or your superior qualities. You may be more proficient than your brother physicians, but you will only be able to make your friends believe it and they will shortly become disgusted with you if you continue it. Sensible, sound and sober people never like to hear anyone boast, and this habit is far more repulsive when indulged in by physicians than by anyone else.

Never quarrel or engage in disputes with other doctors. It is better to yield a point where it does not involve a principle. Controversies and contentions do not pay. Never indulge in sarcastic remarks to the public regarding other doctors' abilities, medicine or habits, or anything else. Practice the Golden Rule as near as possible, and when you cannot do it, come as near to it as possible. Let medicine be none the less honorable because you adopted it.

Honor and duty should inspire you to do right, not because it is good policy, but because it is right. Do not, however, expect to find a sheep in wolf's clothing, or expect your enemies to do you favors.

Every doctor has his friends to praise him and his enemies to run him down and condemn him, and although you can not stop the latter's tongues nor prevent all unfavorable comment, you must be careful to protect yourself against any slanderous statements.

When others make charges against your ability and skill, unless they are very damaging, it is better to allow them to pass unnoticed than it is to attempt to explain matters and draw yourself into further controversy which might be still further damaging. When people state that they would not employ you to treat their Tom cat do not take it to heart and think the whole township or city are down on you because it is only the idea of a single individual, and even he may afterwards employ you.

Some people may charge you as being a drug fiend, a seducer, an adulterer, murder, abortionist or swindler, but the worst of all charges that can be brought against any man, whether business or professional, is that of being a religious hypocrite. There is nothing so disgusting as to see a doctor go to church for "business policy." In a Mississippi river town there is a doctor who both gambles and preaches, but he does it open and above board. I happened to have the pleasure of hearing him deliver a funeral oration one afternoon, and I have not got over it yet. He asked that the divine blessing would rest upon everything in that county and the adjacent counties and extolled the good qualities of the late Michael Butler at the expense of many a leaking eye and when he got through talking about the mansions in the sky, I thought I would certainly burst. He delivered the funeral orations over one-

half of his patients and charged them up in his account, thus completing the job in its entirety.

Never boast about the large amount of your collections or of the amount you have standing out, the larger part of which perhaps you cannot collect. These things are apt to create jealousy, envy and disbelief, and you may be called Dr. Hornblower, or other detrimental results may follow.

Never tell from house to house how many cases you are attending and how busy you are, or how seriously ill this one and that one are, let alone the nature of the illness. A gossiping doctor is worse than a gossiping woman, and they are next to the worst thing of all. Say but little in regard to your merits and ability, and above all never exaggerate anything. If you have a dozen calls to make, it is better to say you have half that many than more. We hear the public spoken of as "The Unsuspecting Public," but there is also "A Suspicious Public." Always keep your business affairs to yourself, especially your money matters. No one cares a snap how much you collect as long as you pay your debts, and if you claim you collect large amounts daily, weekly or monthly, and happen to owe people, you get the name of not being willing to pay your honest debts, or what perhaps is still worse, "a deadbeat." I once called on a doctor with whom I had attended college, and although his surroundings stated he was

rather extravagant with the truth, his collections were simply enormous. He had hardly got through telling me about it when in came the collector for the water rent, and in less than ten minutes his water was shut off. It was lucky for the doctor that his office was not filled with citizens at the time, for such episodes among those who claim so much are very injurious and travel from mouth to mouth as if by wireless telegraphy. Some people think and talk more about money matters than anything else.

Adapt Yourself to All Circumstances and All Classes of People. All doctors require varied talents, as they have all kinds of cases to deal with in varied circumstances and among all classes of people. When you are with the upper ten, you must be one of them, when you are among the middle class, you must be one of them, and when you are with the lower classes, you must suit yourself to their ways at least for the time being. Be ready at all times to adapt yourself to such circumstances as thrust themselves upon you suddenly, and in so doing be careful not to show excitement. This is an invaluable accomplishment, and one in which a great many practitioners are weak. Let nothing annoy or excite you in any way, shape or form. Look at everything as being the natural course of events and always be prepared for the worst. Cultivate an easy flow of language and do not appear as if it is hard for you to talk. An awk-

ward talker is always supposed to be an ignorant man. Keep yourself posted on the important topics of the day, but do not enter into conversation on these points only in a general way. Try and cultivate the faculty of remembering when visiting a patient just what transpired and what you said and did at your last visit. It will help you considerably in couching your language and expressions in a suitable manner, and after you are gone the complaint cannot be made that you contradicted yourself. Good conversational powers will often create the idea that you are a more able physician than you really are. The possession of knowledge carries with it a certain satisfaction, and by studying your library and using your dictionaries will enhance your opinion of yourself. Compendes are always handy for reference when your time is limited.

Your Reputation is Your Capital and you should be at all times ambitious to increase it by all legitimate means. Professional fame when once obtained by honest methods will always insure its owner practice as long as he remains sober and governs his every act in accordance with the rules of decency and propriety.

Your reputation may be good with the public, but not among your professional brethren, and where it is good with your professional brethren, it will also be good with the public. Physicians base the merits

of their brethren, however, on altogether different grounds from the public. It is the superficial things the public consider, while the physician's base for his opinion is deeper and more from the point of skill.

It is not always those who appear to be doing a large business who are really the leading physicians of the vicinity. There are many quiet men who attend strictly to their own business and go about as unobserved as possible, very little being known about them except by their own family and those with whom they meet in their practice. It is this class who are the least criticised, and who usually receive the largest percentage of their earnings.

One of these two varieties of reputation is necessary to success. Young and big-headed physicians generally choose the former, while the more sedate and conscientious choose the latter. The great majority of young men, after four or five years' experience in practice usually change their tactics and become more contented with less talk and display. Honor and reward are the objects of every ambitious physician.

It is a noticeable fact that the public usually prefer a healthy and ever ready physician to one whose health is impaired. You will also note that refined people, with pure thoughts and virtuous minds, have a great advantage over the coarse and vulgar. Be

chaste and pure in your manner, conversation and jokes.

In your dealings with women strive to chasten every thought and measure well every phase of your deportment. If a gynæcological practice be one of your aims, your treatment of females should be both refined and delicate. Abstain from using ambiguous terms before young ladies, and never laugh at or repeat vulgar stories or anecdote.

Cross-Examinations. It is a great assistance to a physician to be well up in the art of questioning patients to bring out important points in their case without causing them to worry and feel that they are perhaps in a worse condition than really exists. Again, when a person has made up his mind he has liver trouble, and perhaps he has, if you ask too many questions regarding some other organ, as for instance the kidney, he is very liable to think that you are treating him for kidney trouble even if you state differently.

One of the greatest gifts that a physician can possess is the faculty of making friends. A cold, indifferent manner toward people, or failure to recognize patients and their friends on the street will destroy all warmth toward you which may exist. If you have the reputation of being a good fellow, or a nice man, it will cause people to seek your acquaintance; while, if you are said to be of a cold and

haughty disposition, the masses will pass you by unnoticed.

Cheerfulness is a Fountain of Influence. A cheerful disposition is a never-failing source of influence and acts as a shelter in the time of storm. In many cases it is as serviceable as a tonic and its stimulating effect diffuses darkness into light. Never adorn your countenance with a funeral expression, but keep your mind in a happy frame by looking on the bright side of everything. Whatever you do, don't snarl, grunt and grumble because things do not always go just to suit you. The best people on earth have their ups and downs, and you are not any different from others. Bear in mind the fact that the world was not made in a day, and that all things come to those who wait. Lift the deadening fogs of hopelessness and despondency and comfort those who are in despair. The principal event of a sick person's day is the physician's visit, and for this reason you should let nothing interfere or prevent you from calling at or near the stated time. In entering the sick-chamber, enter in a graceful manner.

It is almost an art to be able at all times to approach and take leave of a patient in a confident, gentle and dignified manner. Let every syllable, word, sentence, act and move be made in a manner that will clearly evince the deepest interest in their welfare. In ordering remedies, diet and care,

do so in a style that will invite confidence and inspire hope into the soul of your patient, and by so doing it will leave a favorable impression in the minds of both patient and friends which will not be forgotten until long after you leave. You should also make yourself familiar with all the little details of the sick room, but at the same time do not participate in too many minor details that will not only consume your time, but also lower your dignity by their trivialness.

Always hold out hope until the end and never abandon cases which are sometimes considered hopeless. Hope not only creates ideas, but also generates expedients and leads to fresh endeavors. Patients have a perfect right to give up a doctor when the doctor gives them up. If a cheering word from some other doctor is successful in rekindling the lamp of hope and again bringing the patient into a condition where drugs will act and bring them back to health, it is very detrimental to the first doctor, and that patient is a living testimonial of his bad judgment and mistaken diagnosis.

Responsibility at Critical Times. If you are quick to see and perform your duty and equally as prompt and self-reliant in performing it, it will be a strong point in your favor. The public are at all times ready to admire and appreciate a man who is capable of assuming responsibility at critical times. A bold act promptly done at an opportune moment with

steady nerve will, if successful, create a species of faith which will almost border on idolatry. Critical surgical operations illustrate this point. The expert use of the surgeon's knife causes deep impressions and receives far more praise than comes from the care in the after treatment. The public look at a first-class surgeon almost as a curiosity and consider him a scarcity.

If you are well enough acquainted with a patient to be able to state to him just how he feels, he will afterwards believe everything you say and sanction everything you do. As stated before, the study of human nature is a portion of your duty and should not be neglected.

You will have dealings with both bankers and paupers, ministers and saloon-keepers, sailors and farmers, architects and hod-carriers, the old and the young, the hopeful and despondent, the profound and superficial, and they will all present different characteristics which you are supposed to fathom. Strive to rule your temper, passions and emotions with an iron hand, and at all times maintain and carry an inflexible countenance under all circumstances. When people stir you and rile you up by foolish and lying remarks regarding this, that or something else, don't tell them to go to —, but handle them with kid gloves until you get them just where you want them, and then force them to square

themselves. If you are asked on leaving the sick-room regarding the condition of the patient, do so in well-chosen words, and in a plain, distinct and self-inspiring language that will leave its effect.

In cases where you look for a possibility of a fatal result, or in chronic cases where you cannot effect a cure, always be guarded in what you say to the friends. Like Napoleon, always leave an opening in the rear for a safe retreat in case of failure, or like Knepper, leave the back door ajar.

When you are in attendance upon timid children or patients suffering from nervousness, take special care to remove all dread of your visits.

Make your calls a matter of business and not a social or semi-social event. Do not stay long enough to be a bore to either patient or family, and above everything never dine out unless the circumstances are absolutely unavoidable. Strive to be pleasant in both mind and body, and show to all that you take an interest in your profession, and that each patient receives your deepest thoughts and interest in their welfare.

It is often wise to assure your male patients that you will take the same care of him that you would were he "your brother," or in case it be a female, as if she were "your sister." In labor cases be as kind and gentle as possible. More family physicians are made at cases of child-birth than at any

other class or classes of cases. The women usually have their way, and once you obtain their confidence it is often very easily retained. Well-meant and sincere expressions of sympathy inspire confidence and create permanent impressions.

The busy physician who perhaps has all the work he can do among his good-paying patients, must not, however, neglect the worthy poor, especially if at one time these persons, now in financial straits, were good patrons. Because a woman's husband or relatives are dead beats and dishonest, it does not always mean that she herself is dishonest, and if she prefers you to other physicians in some serious illness, for humanity's sake do not refuse, for perhaps a refusal on your part might be the means of blotting out the last ray of hope remaining, and with but little confidence in the doctor they call after your refusal, it may in some cases be the cause of fatal terminations.

There is a touch known as the professional touch that every doctor should acquire. Special care should at all times be displayed in the examination of the sick. Never cause them any unavoidable suffering. Patients will often become devoted to you merely because you display care in examination of them.

The most precious thing on earth, more precious than gold, diamonds or fame, is human life. The

value of life is incalculable, and you must never be callous in regard to death. Death, at all times, causes a blot that cannot be erased, and the removal of a member from the family circle is an event that will never be forgotten. We know not where they go, but we do know that they are gone, and the things that were once dear to the departed appear to us every day.

Ultimate Success will depend mostly on your skill, although your supposed skill will have much to do with the amount of business you obtain, and not more than one in fifteen or perhaps thirty will be able to judge you at your real value. The care, devotion and judgment you exhibit will have much to do with your outward valuation. The minor details of routine attention has at all times much to do with your success.

Remember at all times that a woman is a woman, and that a pure woman is the noblest gift of God. At all times use them in a civil and urbane manner, without distinction. No single man and only those who have married and lost their wives by the fetters of death, know the real value of women.

"Sweet is her voice in the season of sorrow."
"Woman—fairest of creation, God's last and best gift to man."

When you are called into a neighborhood in which you have a patient who is convalescing, do not

run in to see him just because you are near him, but send to ask how he is getting along. This will show that you take an interest in him and at the same time will not lower your dignity or cause you to obtain the reputation of making calls because you are in the neighborhood, and without charge.

In all important and severe cases where you are not otherwise engaged, it is wise to remain until the primary effects of the administered remedies are perceptible. These little attentions are confidence inviters.

WHEN AND WHY PEOPLE CHANGE DOCTORS.

People change doctors because the attending physician does not give satisfaction, and the causes of dissatisfaction are many.

Not more than one-third of these changes are made on account of the inability of the doctor to better the physical condition of the patient. One-third change on advice from outsiders, while con-

tradictory statements, prejudices, etc., make up the other one-third.

Again, in one-third of all cases where a physician is called to visit a patient at his or her residence, the primary object of the call is to stop pain. If the pain is stopped, the patient and friends are satisfied, but how many cases there are where by the carelessness of the physician the pain is not stopped and the treatment of the physician is not deemed satisfactory.

People reason that if Dr. — could not stop the pain when he was called, he cannot stop it if he is called again, and so they call Dr. A. or Dr. B. and Dr. — not only suffers the humiliation, but loses the case, and in a great many cases his fee as well.

When a physician finds a patient in pain, he usually gives a hypodermic injection of morphia and leaves a few tablets of morphine or some other preparation to be taken thereafter. A common result is that the pain is not stopped, or, if so, it commences again in a short time and the tablets are taken. There are a great many stomachs that cannot retain morphine and other preparations for relieving pain, and the patient becoming nauseated bad is added to worse and a change is made. But very few doctors who have practiced a few years, or even months, cannot recall instances of this nature.

One of the drugs which can be relied upon to stop pain promptly, without nauseating effects, is anti-

kamnia, which, on account of the price being a little higher than other preparations, does not as yet enjoy the prominent position held by morphia for relieving pain. Five grains every 10 or 15 minutes until the pain stops seldom requires the use of more than four or five tablets, and in cases where hypodermics of morphia are given, it is not wise therapeutics, but business, to leave at least one-half dozen tablets of antikamnia. The frequent headache which accompanies pain is also relieved and the patient is satisfied. When the patient is satisfied, his or her friends are satisfied as well, and more so in the profession of medicine than in any other profession or business, satisfaction is money.

In cases of sudden sickness and alarm in families there is a susceptibility to strong and permanent impressions, and kindness and attention exhibited at these times will be greatly and thankfully accepted. A single but kind expression uttered at an opportune time is often long remembered. Unlucky words, inopportune remarks, coldness, indifference and slight offences will sever attachments and terminate friendships of years' standing. The exhibition of good and hopeful intentions, assiduous and kind attention has often paved the way for the advent of the young physician into families where he has not only become beloved, but gained a hold on the hearts of the family and their friends.

The most powerful lever for enlarging one's reputation is the cure of chronic cases, or, I might add, supposed chronic cases. Although time is consumed in its manufacture, it does not easily get out of order. Mr. and Mrs. Poverty have many diseases, ridden sons and daughters which care and attention will cure. While you are young in practice and have plenty of spare time, choose well the cases among this class you think are amenable to treatment and then do your best to effect a cure. Each successful case of this nature will take you one rung nearer the top of the ladder, and your success will be known to many, and heralded far and wide. Even if you receive practically no fee for such cases, the experience, acquaintances made, and results obtained will amply repay you for your time and attention.

After you have been in practice long enough to obtain a reasonable practice, do not be so unkind as to forget those who assisted you in obtaining it, who recommended you to this one and that one, looked over your faults and put themselves out of the way to say a good word for you among those needing the use of a physician and who were about to employ someone else. Such ingratitude will never be forgotten, and acts of this nature should be appreciated by you with acts of kindness until death steps in and intervenes. The friends of your struggling years are your friends indeed.

It will not be hard for you to get practice among the lower classes and relatively hard to obtain practice among the wealthier, but you must remember that the wealthy become poor and the poor become wealthy, and that one good turn deserves another, no matter who was its maker.

When you attend servant girls among the wealthier class of people, the fact that you attend the servants, no matter how successful you may be, will seldom if ever get you business from the family itself, and moreover will be more apt to turn it away; but you must never refuse a call of this kind, for very often the poor girls are better pay than the rich landlady with her silks and satins, and she is at the worst more easily satisfied, easier to treat and easier to cure, as the society women are chronic grumblers when sickness overtakes them, and society's habits result in a complication of obscure afflictions which puzzle the foremost of doctors. It is equally true that if you are successful in the treatment of the poor relations of wealthy people, the well-to-do relatives will seldom if ever employ you.

When you are called in just to see a sick member of the family simply because you were in the vicinity, or happened to be passing, it will never be satisfactory to you unless you employ tact in your dealings with them. It is those who call you because they want you, have confidence in you more

than in anyone else, whose dealings with you prove most satisfactory.

The Laws of Our Country do not compel you to contract either verbally or otherwise to attend cases of confinement or cases of any other nature, but after such agreement is made, they do compel you to carry out your portion, and should misfortune fall upon the case by your refusal to attend, the law will criticise you equally as much as the people. A doctor is now serving time in Pennsylvania for refusing to attend a confinement case in which it was not shown plainly that any contract was made, but because he was the only doctor within six miles, and as the woman bled to death before the other doctor reached her, the death was almost, and quite properly too, laid at his door.

The restraints of the law and your ethical duties are as binding in paupers as in the rich, the law being no respecter of persons. You will always find fewer complications in the poor than in the rich and the symptoms far more easily defined.

It is at all times better to observe the laws of ethics, and for this purpose it is the duty of every physician to acquaint himself with the code. The homœopaths and eclectics and the allopaths are coming closer and closer together each day, and it will not be long before the gap is entirely closed, but the Christian Science fraud must be blotted out forever.

Probably no one has done more in placing the Christian Scientists in their true light before the public than Samuel Clemens (Mark Twain), who tells of falling down a precipice seventy-five feet in height and landing upon a boulder and bouncing from that to another and another and so on until he had two hundred and thirty-two fractures. Either Mark had some bones broken twice or else he is an anatomical freak.

At the little town where he was taken there were but two doctors, one a horse doctor and the other a Christian Science doctor. Mark decided that he would trust his life with the latter, not daring to risk the other in putting his frame-work into a normal condition. So he sent a messenger for the c. s. d., and when the messenger returned he was informed that the c. s. d. could not come that night but would give him absent treatment. This knowledge disgusted Mark and the following conversation between his messenger and himself occurred:

"Did you tell her I walked off a cliff seventy-five feet high?"

"Yes."

"And struck a boulder at the bottom and bounced?"

"Yes."

"And struck another and bounced again?"

"Yes."

"And struck another one and bounced again?"

"Yes."

"And broke the boulders?"

"Yes."

"That accounts for it; she is thinking of the boulders. Why didn't you tell her I got hurt too?"

"I did. I told her what you told me to tell her; that you were now but an incoherent series of compound fractures extending from your scalp-lock to your heels, and that the comminuted projections caused you to look like a hat-rack."

"And it was after this that she wished me to remember that there was nothing the matter with me?"

"Those were her words."

"I do not understand it. I believe that she has not diagnosed the case with sufficient care."

Fully disgusted he asked for a basket into which to pile his legs, some one to come and help him swear the time away, and something to eat, but was informed that he could not have any of these things, the messenger stating that he would have these delusions, but must pay no attention to them.

It shows the foolish belief of these people in a most interesting manner, and while Mark's accidents occurred in his fertile brain, it exposes the illusions of these vagarists better than any scientific effort that might be put forth. Ridicule, properly applied, is a

most cutting weapon, and one against which nothing but the absolute truth can withstand, and especially when wielded by such a writer as Mark Twain.

Success and Failure. Failure is the result of giving up and not in not succeeding. We all have our successes as well as our failures. A proper degree of modesty should always be observed by those who are successful so as not to mortify those who have not been as successful. When you are in doubt as to the ownership of a patient, show to the patient and friends as well as to the other doctor that you are willing to give him the benefit of the doubt, and you will be respected for it.

Be very backward about visiting persons under the care of other physicians, even for social purposes, as your object may be misconstrued. Never accept a patient who has lately been under the care of another doctor without first ascertaining whether or not the other doctor has been discharged. Also be careful about accepting cases in families in which you have been called in consultation, especially if you were called at the suggestion of the physician in attendance at that time. By so doing you would do the other doctor a great injustice in his mind, if matters were not explained, and at the first opportunity that presents itself in a natural way, it is wise to make mention at least of the fact that you have been called. When called to a patient under the care of

another doctor, refuse to attend. Later on, if the other doctor is discharged, it is quite proper to take the case. You will often find if you locate near the college at which you have graduated, that the very professors who talked so much about ethics while you were in college will be the first of your brethren to abuse the code when you meet them in consultation or otherwise. Talk sounds smooth, but practicing and preaching are as different as day and night, and as far apart as north and south.

In office practice accept every case that comes to you, irrespective of previous attendance, for the rules in this regard are not stringent and the best of the profession seldom ask any questions.

Vaccination. It is advisable to keep a small supply of vaccine virus on hand, not only for the fees it secures, but also in case a sudden outbreak of small-pox should occur. Although the operation of vaccination is trifling, it is at the same time the cause of considerable criticism. It is wise to be careful and take your time during this little operation and do it thorough. The most popular vaccine virus on the market to-day is that manufactured by the H. K. Mulford Co., of Philadelphia. Their laboratories, situated at Glenolden, Delaware County, Pa., are the most extensive in the world and embody the latest features of sanitary engineering, as much so as is found in our best hospitals. I have found that if you use

good vaccine virus and get good results the first time, it is far better than to make a failure and be compelled to repeat the operation. People have a dread of being vaccinated the second time, and in addition they think that it was the doctor's fault because it did not take the first time. Some might claim that the doctor does not understand his business or used cheap or poor vaccine virus.

If you are what might be termed a public vaccine physician, you should never insist on vaccinating any persons who have never been vaccinated, if they are known to you to have a regular family physician who is very attentive to the family. It is etiquette to refer these cases to their regular physician. It is not customary to charge for revaccination even if they have to be repeated the second and third time. Because a vaccine scar lasts for life it does not follow that the effect of the vaccination continues in force forever.

A doctor writing to *The Medical World* says that with the exception of a few of the larger cities, the prescription-writing physician is a curiosity. The druggist claims that greed has prompted the physician to dispense his own remedies; and the physician claims that the druggist forced him to do so, which is perhaps nearer the truth. The druggist, though too honest to substitute or use unreliable preparations, succeeded in lobbying through and

obtaining class legislation granting him special privileges which brought him into direct opposition to the physician. Not content to sell drugs, notions, and to compound prescriptions, without improving his qualifications, he had laws framed for his special benefit, so that to-day he has added a full line of cures of his own manufacture, which he advertises liberally; and this law allows him to recommend and sell what he may think necessary. In other words, he can do the nice office work of the physician and escape all the hard, disagreeable work, which he kindly lets the physician have. All this he enjoys without ever troubling himself to study the diagnosis or treatment of diseases. Not satisfied yet, they discriminated against the physician by denying him the right to register as a pharmacist or engage in the legitimate sale of the very articles which he is fitly qualified to prescribe, and which he uses daily with safety and satisfaction to the public. This is not only a violation of good public policy, inasmuch as it restricts competition without cause, but it is also a violation of the fundamental principles of our government, which demands that everyone enjoy every privilege which he is qualified to enjoy, and is supposed to make no restrictions except where the public good makes it necessary.

Here again, however, our enterprising friends have over-reached themselves, and also the limit of

public safety, by securing privileges which they are not qualified to enjoy and which they most certainly abuse. Where is there a physician who has not been compelled to engage in a conflict with the grim monster, the case made hopeless by the unwise ingestion of some druggist's depressing fever powders or headache cure, to say nothing of the numerous cases where his cleverly-advertised, though useless and harmful remedies, have been taken till the opportunity to obtain relief is past? Must we suffer the consequences and never once condemn our friend, the druggist? Shall we sit idly by and see this ruin go on?

If a pharmacist is to be allowed to prescribe, let us see that he be required to qualify himself to do so. If a man puts a patent medicine upon the market, let us require him to tell the truth about it, which of course would require that he file his exact formula with our National Board of Health or Pure Food Commission, and that he confine his advertisements to statements that are consistent with its ingredients. If every physician will use his influence persistently, regardless of party lines, we can soon secure the abatement of all these nuisances, and the enactment of uniform national laws sufficient to regulate all these matters.

First, we must refrain from asking for any legislation not actually necessary for the public good.

Next we must systematically oppose all legislation which fails to grant each individual all the privileges consistent with his qualifications and the public good; and also insist that no man or class of men be allowed privileges which he or they are not qualified to enjoy without endangering lives, health or other interests of society.

If the physicians, through the medical journals and legislatures, would agitate the licensing of doctors as pharmacists, it could no doubt be brought about. This would decrease the number of prescribing druggists and there would be fewer of them in business. Druggists are as exorbitant in the prices they charge physicians as the instrument dealers are in their prices. The prices of instruments have been cut, however, within the last few months to almost one-half their original prices by modern machinery introduced by Frank S. Betz & Co., of 78 State St., Chicago, who are now selling uterine applicators for ten cents, catheters for twenty-five cents, douches for sixty cents, curettes for twenty-five cents, depressors for twenty-five cents, uterine dilators for one dollar and a quarter, forceps for twenty-five cents, needle-holders for seventy-five cents, one dozen hypodermic needles for seventy-five cents, one dozen surgeons' needles for forty cents, one pair of retractors for thirty cents, one speculum for ten cents, one stethoscope for one dollar, a tenaculum

for twenty-five cents, and other things in proportion. I mention these because they are common wants. These instruments are of the finest finish, best material and fully guaranteed. If you desire to save money in your purchases, you should first consult Betz's catalogue, as you save the middle man's profit, as is plainly seen by these prices. One good case of rheumatism will pay for Betz's Hot Air Outfit, which is only about one-half the price it was two or three years ago. A doctor on Prospect street, this city, with whom I am well acquainted, has cleared, according to my actual knowledge, over two thousand dollars so far this year by the use of this hot air treatment.

Volunteer to do nothing. Never persuade anyone to allow you to remove warts, tumors, etc., or perform any other minor surgical operation, as a possibility of dangerous sequelæ always exists. Little things which seem trifling at the time often result fatally, and you should never risk responsibility without being paid for it.

An early recognition of cases that are liable to terminate in law suits will save you time and expense. Remember that in the eyes of the law you contract to possess certain wisdom under ordinary circumstances. A mistaken diagnosis, however, is not by any means a sufficient cause for action, for mistakes occur in

the best regulated families and courts, and you are not supposed to be perfect or infallible.

Send your bills promptly to dissatisfied persons and charge them the maximum fee, as it shows that you are not afraid of any suits for malpractice growing out of the manner in which you handled the case, while if you waited a year or two it would look cowardly and revert against you.

Charging the maximum fee in these cases checks gossip, and although this may not be the way Apostle Luke, M. D., of Antioch, Pa., handles his cases, yet you must remember that times have changed since the ancient and beloved pill-peddler forded the Jordan.

If you are wise you will never make a written statement regarding a case pending in court for reasons that are easily figured out, or a verbal statement at any other place than in the witness-box. People say that doctors will swear to any thing, and as I have heard of no contradictions to this statement, you will be one of the exceptions to the rule. Lawyers can set no traps for an honest physician out of which he cannot extricate himself when the proper time arrives. The public come by these ideas rightfully, owing to the many disputes between health officers, coroners, etc., and the profession. A doctor will report a case of small-pox, and the health officer and twenty more doctors will say it is

chicken-pox, or a coroner will decide that John Jones or Bill Smith died of natural causes while half a dozen other doctors will say he froze to death, or died of a broken head or heart. A doctor in Alma, Wis., spotted one of his patients up with the Tr. Iodine, making him look as if he had small-pox. He called the health officer, who immediately placarded the house, closed up the schools, churches and places of amusement of all kinds, business was totally suspended for weeks and weeks, while the patient was recovering in the pest-house. The doctor would visit his patient each day and repaint him. Finally an Irishman by the name of Steve Callahan and a German called Dutchy Schultz, who were chopping wood on an island, volunteered to take care of him for ten dollars a day in advance, all the whiskey they could drink and cigars they could smoke. One day their patient would be delirious and the next day he would be dying, and when the health officer came he would be a raving maniac, and so on. The town was in a turmoil all the time waiting for more bad cases to break out until one day Steve and Dutchy finally got tired of being nurses, and having recently become wealthy, they came up town and went into the saloon business, which business they are in to this present day.

If you ever happen to be a health officer, never set anyone up in business by such mistakes as this. If

you do, no one will blame the doctor who reported it; they will blame you. You being the health officer, your decision is final.

In attending cases where abortion or syphilis is the cause of death, place the actual cause on the death certificate and not something which sounds smoother and nicer. In making out certificates regarding health, fitness to serve on juries or to attend court, it is best to begin with "In my opinion," or "I believe that ———." In issuing certificates of insanity to place a person in an asylum, be carefully just. There is a difference between people who are really insane and seemingly so. In will cases and suits for divorce, protect yourself and all others from traitorous enemies. Never be influenced by hotel-keepers, boarding-house mistresses or merchants to hide the presence of contagious diseases for their benefit. Never let any one know you are just from a case of contagious disease, for should any of them catch it, it will certainly be blamed onto you.

When frequenters of the bar make known their intention to "swear off," advise them to pledge their word never to treat or be treated instead of swearing off.

Your profession will cause you to come in contact with ministers and doctors of divinity and employees of the *Most High God*. Show respect for all such

that attend to their individual business, which is healing wounded souls, binding up and bandaging broken hearts, blessing the poor-in-spirit, and applying balms to wounded conscience. There are certain cases, such as aneurism, valvular troubles, angina, paralysis, etc., where it is wise not to explain the liability to sudden death, for by so doing, the very object of your attendance may be frustrated. Cases of nervous diseases have been rendered fatal by the announcement of unfavorable terminations. Warning should be given, however, to the friends close at hand.

This is a world of short meetings and long farewells, and we are all as apt to die as we are to live. We know not the day, the hour, the minute or the second when the angel of death will appear, and yet we meet cases where mortification has apparently set in and where the last ray of hope has seemingly taken its flight, and yet, to our astonishment, the patient recovers, so that it is better to state that chances are very small or against the patient than to say the patient will die.

If a Protestant you should become acquainted with the duties required of you by Catholic patients. When you consider a Catholic patient in danger, warn the family in season so that the patient may receive the last sacraments. The Extreme Unction is believed to purify the soul of the dying from sin

and prepare him for the death struggle. As responsibility in the eyes of the church begins at the age of reasoning, Extreme Unction is necessary for all those who have arrived at this age.

The Holy Eucharist is administered frequently and is believed to contain Christ's whole being (body, soul and divinity). This must be given before reasoning powers are gone or while he has sufficient power to make confession. Where the patient is nauseated and apt to vomit, the Holy Eucharist is either not given or given in small quantity. To expose it to being vomited is a great irreverence.

Conditional baptism should be given to all newborn babes where there are doubts as to their living. Conditional baptism is given as follows: Take a glass of natural water and in a suitable manner say: I baptize thee in the Name of the Father, at the word Father, pour a small portion of the water on the child's head. Continue, and of the Son, at the word Son, pour another small portion of water and continue and of the Holy Ghost, and at the words, Holy Ghost, another small portion.

In Catholic families never use the forceps until after the child has been baptized. In case of failure to do this, should the child be born dead, you will never be forgiven.

Also give timely warning to all those who have

important business to transact, as wills to be executed, friends summoned, etc. When a patient emaciates to two-fifths of the normal weight or the pulse rises to one hundred and sixty beats per minute, it is not far to the end.

Exhibit proper gravity at all serious cases, and never cry hope when you see none. If you are asked, point blank, by a man whom you expect to die, what his prospects are, state, provided he has good reasoning powers, that he is very low, and your grounds for doubts as to his chances for recovery. Remember at all times that where buoyed-up hope will preserve life, imprudent remarks will destroy it. Never tell a patient that you would not have his lungs for a farm, or that you think his cemetery cough is getting worse. It is a less crime to shoot a man dead than to murder him by inches.

Do not make it a practice to tell people the condition of their pulse and temperature. It does both you and your patient harm. You have to do with sickness and death as well as the sick and dying.

In every stage of your career convince the world that you are one of the Apostles of Hope, Faith, Comfort, Sympathy and Relief, and that you are not in harmony with the forces of death. Death is an enemy who will defeat your best efforts.

Never tell timid people that you are not going to lance their boil, when you intend otherwise, as

veracity means a great deal to a doctor. Unless you are able to acquire and maintain an influence over your patients, you cannot enjoy their confidence and respect. You have a perfect right to withdraw from a case by giving proper notice, but it is always better to make a plain and honest statement why you desire to break off relations with the family, if you consider your interest, reputation, or self-respect sufficient reason, or if you have reached the limit of your endurance, by stating your reasons and retiring. You cannot be held responsible for events occurring afterwards.

It is improper for you to refuse to attend patients at night as long as you have your health, for by so doing you would place your duty on the shoulders of some other physician. If you have scruples against making night visits by making it a rule to charge double fees for calls made after bed-time, it will spare you both rest and exposure.

Be cautious in your attendance upon women inclined to be of the sporting variety, and in having them consult you at your office in secret or at other than office hours, especially if you are required to make any private examinations.

Make your conduct consistent by remembering from visit to visit what was said and done at the previous visit. Never betray a lack of memory or interest.

If you should ask questions regarding medicine formerly prescribed by yourself, or as to the advice given them regarding diet, it is sure to be noticed, as it shows to them that your interest in their case is apparently not very great.

Make your manner and address of such a nature that patients will open their hearts and tell you freely the nature, seat and cause of their disease without keeping you in darkness regarding some important point that might effect your manner of handling the case.

Have nothing to do with family or neighborhood quarrels and keep from your wife the details of your professional work.

If your wife accompanies you on your visits for the benefit of the fresh air, people will often think, when you leave their house, that one of the first things you do is to inform her of what occurred at your visit and all the little details regarding the past history of the family.

Prying, babbling and tattling people will get you into all kinds and varieties of trouble, and for this reason it is better to allow no person but your driver, if you have one, to accompany you on your professional visits. People who hear the details of their case coming back to them via the wife route or in any other way are perfectly justified in breaking off relations with you. If they cannot trust you with

their little secrets, how can they entrust you with their lives and the lives of their children and friends?

Protect Yourself Against Criticism. In painful and severe cases such as tetanus and cholera morbus, pay no attention to the rules of dosage, as hours, minutes or even seconds, may decide the result in these cases. Remember that if opium has not the power to stop pain in one hour, the dose should be repeated. To keep a person under the effect of opium, the dose must be repeated every four hours.

In examining patients there are five questions which they always expect you to ask, and should you omit one or more of these, there are people who would not feel that your examination had been thorough. Do not fail to examine the pulse and tongue and inquire about the appetite, sleep and bowels.

One of the most mortifying mistakes that can be made is to mistake a tumor for pregnancy. This mistake is made frequently, is very damaging, and is the cause of a great many unpaid doctor's bills.

Never talk about experimenting or trying this or that remedy, and whatever you do, never give anyone a sample bottle of medicine in its original package. People like remedies that are "true and tried."

Be fertile in expedients and slow to confess that puzzling symptoms exist. Keep a reservoir of suit-

able replies at your wit's end, so that you can promptly answer any questions regarding diagnosis.

If you are unjustifiably dismissed from a case to make room for an irregular, it is your duty not to consent to it without comment. In such cases express your willingness to retire, and in a courteous and gentlemanly manner, state that you expected fair play, which has not been accorded to you. By so stating it will secure for you increased respect, and the detrimental effect of being discharged will be to a certain degree counteracted.

You will often meet cases where the lower limbs to the hips and the upper to the shoulders are icy, cold and present evidence of an early termination. In these cases do not be too quick to announce this as an unfavorable symptom; reaction may set in, high fever revive the falling powers and make it appear that you abandoned the case too early.

Your pathway in life will be set with rocks, roots, pitfalls, snags and undercurrents which entrap the unwary. There are cases where operations are absolutely necessary and are yet more detrimental to you than to the patient, and cases where the sin of omission is not so great in the eyes of the public as the sin of commission. When in doubt, a good plan to pursue is to place yourself in the patient's position, remembering at the same time that there are cases where with the best of judgment and care you will be powerless to gain your points.

There is a certain faction of the general public who expect physicians to be on a par with the Almighty for restoring health and strength, carpentering up broken bones, making the lame walk, the blind see, the deaf hear, etc. Beware of these people, as your attendance upon them will seldom if ever be satisfactory. The law holds you just as responsible for medical malpractice as for surgical malpractice. The people interested in medical cases are not, however, in a position to judge of the skill in treatment to the extent of a law-suit, while in amputations, reductions, adjustments of fractures, and the mismanagement of wounds the management is far more open to observation and criticism, and therefore more liable to result in suits. By forcing an early settlement with dissatisfied patients it will save you court notoriety, and if it comes to the worst, will place you in a better position to defend yourself. It is well to remember that the law does not allow you to do any more than was agreed upon previous to the operation, where you place the patient under the influence of an anæsthetic. For your own benefit as well as for the benefit of the patient, examine the heart before giving chloroform. When possible, it is better to have another doctor present at the time and request him to also examine the heart, and in cases of examination of young females have the third person present.

As you will have unlucky coincidents as well as lucky ones, you must always be prepared to explain and defend yourself from criticism.

It is better to refuse to give chloroform, ether, etc., in minor surgery as the danger is as great in minor as in major operations. Never examine an unmarried woman to find out whether she is pregnant or not, at the request of others, without first obtaining her consent.

Respect the delicacy of women, whether virgin, wife or widow, and when they decline to consent to private examination, bear in mind the possibility that perhaps they desire to change their underclothing, which may be soiled, or to otherwise prepare themselves. Set a later date for such occasion. It is best to clear the room of curious and jealous-minded husbands and suspicious fathers during these examinations, as their presence not only annoys you, but belittles you, owing to the fact that it shows lack of confidence in your manliness. "Scandal-mongers usually lie in ambush" and should be checkmated by all available means. It is well to remember that simple-minded midwives, chattering nurses and busy neighbors as well as ignorant doctors have caused untimely ends, and where you find them discussing subjects liable to injure your patient, it is your duty to see that it is not repeated.

Professional Antagonism. There is nothing more pleasant than to observe the existence of courteous

rivalry among neighboring physicians. Unfortunately, however, professional antagonism is too frequently the case.

Although it is possible for physicians to be rivals and courteous at the same time, it is a common thing, especially in the country where two or three men are located in some small town, that they are not on speaking terms one with the other.

This condition of affairs is not only detrimental to themselves and the profession, but also to the community in which they live. The people always take sides and do a great deal of talking as well as the doctors, and should one have a patient who should need a consulting physician, he, not being friendly with his neighbor, will not consult with him, and it becomes necessary to send some distance for a consultant.

This of course involves the patient in heavy expense. It should be a rule among all medical men to cultivate kind and friendly feelings for one another. In so doing they not only do honor to themselves but stand much higher in the estimation of the community in which they practice, and benefit by the fees that are paid to competitors. When two physicians quarrel, it cannot but be a source of worry and annoyance to both, relieves the practice of medicine of its pleasures, and finally results in lack of confidence, the formation of enemies, and finally mercenary losses.

When spirits are humbled by pain and distress, you will be, to a certain extent, an honorary member of the families you attend. You will be the repository for all moral and physical secrets. Love, poverty, anxiety, thirst for revenge, superstition, domestic trouble, debt, guilt, shame, jealousy and grief, all tend to convert simple into incurable diseases, and it would be well for you to bear in mind that these agents are important factors in the causation and intensification of disease.

Be quick to detect loss of confidence or dissatisfaction with either your remedies or yourself. If you are able to do this, you will find that it will be a great aid to you. In telling patients how drugs and medicines will act, never explain things too minutely. The action of drugs is different in different people, and any deviations will reflect on you. If you should solicit business, either by word or otherwise, the same will be more apt to repel people against you than to bring them to you.

The fickle and capricious are numbered by the thousands and cannot be depended upon to adhere to you or anyone else. No matter how earnestly you strive to serve this class of people, they will soon become wearied and disheartened and will insist upon a consultation upon the slightest provocation.

People whom you have attended while in poverty will occasionally fall heir to wealth or accumulate it in some other unlooked for manner, and while

you were at one time all in all to them, when they sell the old furniture and discard the old clothes for new, they are very apt at the same time to discard the old physician for some supposedly newer and up-to-date member of the medical fraternity. There are also cases to which you have shown every attention, spent many a sleepless night, and discarded other patients for their benefit, where, all of a sudden, you will be abandoned or discharged for apparently no cause whatever.

If you should announce to a family, for valid reasons, that a certain member whom you are attending, has a disease which is surely to terminate fatally, if it is not apparent to the family that such is the case, no matter how much confidence they may have in you, they are almost sure to employ someone who will give them more encouragement. Be careful in these cases not to bring discredit upon yourself, or inflict unnecessary pain upon others. The possibility of a patient's quitting you should, however, not prevent you from giving a timely warning. Any person has a perfect right to dismiss you, from his or her case, at any time, but it is expected that they will give a satisfactory reason for the same, and on the other hand you have the same privilege under similar circumstances.

In the first place, when a doctor settles in the country or in a small town of two or three thousand, almost every one in his territory knows him, or at

least has heard of him, and if in the course of a few years he does not accumulate a reasonable practice, the verdict of the people is that Doctor —— is a second or third rate doctor, and thus he stands unable to change this, lest he happens to meet with an unusually large amount of what might be termed “professional luck.”

There is something peculiar about people which it is hard to understand, but nevertheless it is a fact that when certain people in a community lose faith in a physician, especially if those people are among the first families, it is usually some years before the lost confidence can be restored, and while confidence is being restored, the physician can, if he chooses a suitable location, build up a far better practice in his new location than he formerly had, and at the same time he is not subjected to the stigma that resulted from his first downfall from whatever cause it may have resulted.

If after six or eight years spent in one location, a practice of at least \$125 cash per average month is not the result of his efforts, he cannot afford to remain longer. In order to pay expenses and keep appearances, at least \$100 per month is necessary, and with unforeseen losses and extra expenses but very little, if anything, can be saved from this revenue.

A Western editor says that a successful physician

is one who rises from the start, builds up his reputation on his tactical and professional ability, and at the end of six years clears at least \$2500 and has an income above expenses of at least \$1000 per year. A physician who is reasonably successful, at the end of six years clears from \$1200 to \$1500 and has a surplus of \$500 per year. A physician who is a failure, meets expenses and has nothing ahead at the end of the year except what books, apparatus, instruments and appliances he accumulates to meet the necessities of his business. It is safe to state that country physicians, on the average, take in a little more than the average city physician, although the large and lucrative practices are usually held by city men. It has been carefully estimated that the receipts of the average city physician do not exceed \$2 per day, while the average country physician's will probably reach \$100 per month or \$3.30 per day. One of the features which assist in making up the dark side of a doctor's life is the country drives on dark and rainy nights. With the advent of the arc light into the cities and towns this feature has been partially eliminated, but in the country where the roads are often rough and muddy, the physician is compelled to fall back upon the faithfulness of his horse, a lantern (which is continually going out), or better still, a Dietz lantern.

I mention the Dietz lantern, because in my experi-

ence I have found it to be not only a convenience and safeguard, but also an unsought for advertising medium. When placed on the sides of a buggy, on the dash or on the axle-tree, it lights the road-way far brighter than any other lantern made, and at the same time does not blow out with the wind. It relieves anxiety and assists one in making faster progress. It is not only my own experience, but the experience of a great many others as well that it pays for itself in a short time, not only by the prevention of smash-ups and accidents, but also from calls.

Owing to the sale of this light being limited almost exclusively to physicians, the laity soon learn the occupant to the conveyance to which the lantern is attached. In this way a physician in a small country town is noticed far more when driving at night than he is when driving by day. The horse or team can be recognized as well as the light, and in this way it is a source of a great many call-ins which soon pay the primary cost in addition to the fact that it unconsciously places the physician more prominently before the public by its announcement of the fact that he has practice.

I was driving down a valley in Minnesota one dark night with a Dietz burner on my dash, when I was hailed by a farmer who with his son were hitching a horse to call a physician, and I can safely state that through the fact that I was recognized by this

light, I received from this case and others that followed shortly through its influence at least \$350.00.

A Doctor Leaves \$100,000. The citizens of a small town in Central Wisconsin were startled one morning with the announcement that Dr. M—— had passed away during the previous night. Dr. M—— was said to be an ideal doctor and the friend of everyone. He had an exceedingly large circle of acquaintances and was known as a very able physician. The doctor had located in this town, which was about 1500 population about sixteen years previous, almost penniless, but while it was known that he had accumulated considerable money and property, it was not known until the estate was settled up that the amount would reach one hundred thousand dollars.

Whether acquired or natural, Dr. M—— was a splendid reader of human nature. He not only knew how to handle every old woman for twenty miles about, but also the characteristics of every farmer both native and foreign, and the people in that neighborhood who were not willing to place their lives in his hands, were numbered. Upon arriving at the residence of a new family, the doctor's first ten minutes were usually spent locating the controlling spirit of the household, studying their hobbies, obtaining their etiology, diagnosis and treatment and

such other points as would assist him in his closing address to the controlling spirit to entrench himself in their confidence.

After obtaining this preliminary information, the importance of which is belittled too frequently, the doctor would make a careful study of the case and his etiology, diagnosis and treatment would invariably be pleasing to his client as it would embrace at least a portion of the ideas suggested by the patient and friends. This doctor was a man of few drugs, but they were well chosen. He was a man of few words and they also were well chosen. The doctor had no fee table, and although his charges were high, they seemingly fitted the case. At the time of his death, his horses, twenty-two in number, were among the finest obtainable. The doctor gave five things as the cause of his success. 1st. He studied the people. 2d. He studied his cases. 3d. He controlled his tongue. 4th. The ability of his horses to make time. 5th. His medicines were pleasant to take and he had no bad effects from incompatibles.

Content and Discontent. It is said that contented men seldom change locations and upon this supposition the medical profession furnishes ample proof that it contains a large number of discontents. The most frequent causes of removals are the bettering of the condition, financially. There is a dark side and

a bright side to all lives, and there is nothing that tends to darken the life of a physician more than a scarcity of patients and poor collections or where the world merely hands to him an existence where it owes him a living. There are also hundreds of little things that the physician meets that are very annoying and which tend to make life unhappy and full of discontent (especially to one who is easily worried), such as loss of patients to other doctors, adverse criticism, sharp competition and numerous other things. It is unfortunate that all are not endowed with the faculty of looking at everything on its bright side, and it is too true that where a man has not this faculty and where his practice is small, that he exists instead of lives.

Give credit where it is due. All well-meant acts of friends and relatives should be appreciated by those interested and especially by the patient. Approve of everything that has been done out of good motives.

In writing prescriptions it is well to understand that the value of the proportion in which the remedies are prescribed is of as much value as the value of the remedies themselves.

At all times guard your countenance in such a manner as to erase all anxiety and not subject your patient to any excitement that is not necessary.

Study the facility of prescribing remedies that

will be pleasant for the patient to take. Remedies are often prescribed, which, on account of their disagreeable taste and odor, are not taken, and the prestige of the physician is lost as well as the value of his remedies.

In prescribing for patients suffering from acute diseases do not write your prescription for too large a quantity. It is not advisable for you to let nature take its course where it takes the wrong course. Curable cases are often consigned to coffins because the doctor is called too late.

If you are prescribing to cases remedies of a bitter and nasty taste, it is better to notify them of the fact at the time, so that afterwards they will have no room for complaint.

At all times remember that a highly proper remedy may be prescribed or continued too long, and that the administration of the same may reach a point where it is more harmful to the patient than beneficial.

The public have an opinion that quinine settles in the bones, and that iron injures the teeth, and it is better therefore not to intimate to the public at any time, just what you are prescribing to patients whose history calls for the use of these remedies.

Be careful in advising consumptives to take long journeys, as there are many who die before the journey's end is completed. Also be careful about

sending people from their homes to the crowded wards of hospitals.

When people ask you what the patients shall eat, and you think that ordinary food will not injure them, state so.

If you have a small single-paged diet list, containing every harmless article in common use, it will save you many explanations.

Bear in mind that the best time to tell a patient not to get a prescription renewed is at the time of writing it or delivering it. If you should stop short while writing it and explain to him why it is a good prescription and why it should not be refilled, it will create an impression in him which will not be apt to be counterbalanced.

Remember at all times that self-reliance and self-possession are essential to success. Men without these qualifications seldom succeed. Self-conceitiveness is vastly different from self-reliance.

When the subject of consultation is first broached, it is wise to mention in regard to the consultant's fees. You can speak more plainly at this time than at any other time, and greatly assist your brother to receive a cash or early payment. Never make yourself responsible, however, for any other person's fee. It is better for the consultant to send his bill first. If the consultant does not render his bill before you do yours, you should enter your bill with his, otherwise it might seem that you obtained your fee and are

careless as to whether he obtained his or not. If you are called to an accident that has occurred to a member of one of your families, or to a confinement among one of your families, it is wise for you to lay aside all cases that would otherwise employ your attention, provided they are not in need of immediate attention.

Analyze urine at your office and not at the patient's residence, and keep the details of the process, reagents and other agents used for differentiation.

In consultations the prescription agreed upon should be written by the attending physician and not by the physician called in to your assistance, but the same should, however, be handed to him for inspection. A good plan to follow in prescribing remedies is to state the hours at which the remedies are to be taken, as at seven, nine, eleven, etc. Care should be taken, however, that these hours do not interfere with the hours for meals.

Is the Law on Abortion a Just Law? This is something that has frequently occurred in the minds of the great majority of the profession. What was the object of the original framers of this law is something that will mystify a great many when they look into both sides of the question. Some claim its foundation is the Bible, some claim its object is to reduce the death-rate, and others claim it is merely to prevent this operation being carried into extremes. The

latter is the most plausible reason why the law should be passed.

The law on abortion cannot be founded on the Bible, for it does not reduce the death-rate, does not relieve but increase pain, misery, suffering, and even crime. The public know very little about the temptations that are set in the path of the physician in regard to this operation. These temptations are not always pecuniary, but just as often a desire to do a charitable act in allaying pain, misery and suffering. During the first three months of pregnancy there is no life to destroy, as you cannot destroy something that does not exist, and at this date there is no more crime about it than there is in a minister's act when he purchases the family syringe. That the law on abortion causes self-abuse in both sexes, and assists in the filling of asylums and hospitals, is too plain to need comment, and as for suicides, we have but to read the daily papers.

If the fathers of this law had enacted a law against self-abuse and the use of opiates, they would have deserved credit, but as it is there is room for doubt. Another fact to be considered is that the drugs women use to this end are more harmful than the operation, and their effects are often everlasting on themselves and children also.

Another fact to be taken into consideration is that those women who dislike children very often neg-

lect them in childhood. Another point is that in operating on themselves women often injure themselves, where the employing of the physician would have avoided it.

In other words, this law adds bad to worse. The men who made this law would not like to be kicked when they are down, but yet they believe in treating the weaker members of their race in this manner.

When a young girl who does not desire to humiliate her brothers, her sisters, her father, and her mother, who perhaps is at death's door with consumption, comes into a doctor's office and tells a story of a troubled mind, it is hard to refuse; but when the girl is accompanied by her mother who, with tears in her eyes, pleads for the release from her humiliation, the humiliation of a large family of respectable people, and the removal of a blot from the life of her daughter, it is more than a great many honest physicians can resist. In cases where the parents are syphilitic or consumptive, and diseased children are brought into the world for a short life of misery, there should at least be a clause in the statutes to permit of this operation.

You will occasionally come in contact with the friends of patients, who have their regular physician and who will advise and influence your patients to consult him. In these cases you must remember that everyone has a perfect right to his or her own

opinion, and the privilege of employing whoever they desire to attend them. In these cases you have a perfect right to retire, and in cases where you expect a fatal termination, it is well for you to offer to withdraw.

If you are asked to consult with colored physicians, physicians of other schools, doctresses, etc., do not refuse, but discharge your duties irrespective of race, politics, religion, ism or creed.

If you are called to emergency cases as hemorrhages, poisoning cases, accidents as choking or drowning, or in cases of difficult labor, and upon your arrival find a quack in possession, do not bolt the case at once, but remain and do the best you can for the patient, thus protecting him from imposition on the part of the irregular. When humanity is at stake, drop ethics, etiquette and everything else. Medical ethics and humanity should be considered colleagues, not antagonists.

The freedom and latitude in medicine makes it one of the three liberal professions and classes the benevolent physician with the expounder of the law and the preacher of religion. Honest practitioners have no patents, secrets or monopolies. Their policy is an "Open Door Policy," education and morality being the two necessary qualifications. In consultations be religiously exact, conduct them behind closed doors and allow the public to note no incident in

your conduct to denote jealousy. Let no opinion pass between yourself and your consultant that can be overheard, for it neither does yourself nor your brother justice.

Should a professional friend ask you to see a case with him, not so much for the benefit of the patient as for himself, charge no fee and make no statements regarding the case except at his request.

In your domestic, business and professional life you will be much happier if you will do three things that are very easy to do. 1. Let the past be just exactly what it is, past. 2. Have confidence in the present. 3. Hope for the future. A man who is continually raking up all the annoying and disappointing incidents of the past is criminally worse than a thief. A man who is continually grumbling and whining about present indications is worse than a murderer, and one who has no hope for the future should be shot, or perhaps better, crucified. What there is in life belongs to us and we should have it, and people who not only rob themselves of the pleasures of this world, but attempt to rob others (by grumbling and growling) are just as guilty of robbery and crime as one who cracks a safe. We are told that medicine is a shapeless mass of uncertainties, inconsistencies and contradictions, and that it takes one hundred doctors to be worth a d——. Grumblers should remember: First, that law is not perfect; it

has its faults, and its pettifoggers corresponding with our quacks, while opinions and decisions are conflicting. Second, Architects have agreed that there can be no such thing as a plane surface or straight line. Third, Engineers long ago gave up trying to make a regular curve. Fourth, That chemist has still to die who has found a uniform solid. Fifth. Religion has its traitors, creeds, sects, and unprincipled expounders. Medicine or anything else is not a certainty, but that is not sufficient reason for disbelieving all that science has taught us in its regard. Imprudent confessions made by the grumblers of our profession do great injury, and it is a fact that at the close of the nineteenth century the public have less confidence in the profession than they had thirty years previous.

You will find it an excellent rule to avoid favoritism and antagonism, and to let all competent pharmacists compete for your prescriptions, and for the patronage which prescriptions influence. As long as your prescriptions are properly compounded, it makes but little difference to you as to who compounds it, while it may make considerable difference to you should you obtain the ill will of jealous pharmacists.

If a pharmacist is also a physician, do not influence your patients not to patronize his store except in those cases where the two callings are united for mercen-

ary purposes. There are physicians, however, who enter the drug business in order to get acquainted with the public, thus making pharmacy a stepping-stone to the practice of medicine, and in cases of this nature it would be quite proper for you to avoid patronizing druggists who will later become your rivals.

It is better not to use prescription pads with any other name or printing on them except your own. If the blank contains the name of a pharmacist, it naturally shows that you favor him, and people look for the reason.

It is highly improper for you to work hand-in-hand with a druggist. By accepting a commission on the price he obtains for the prescriptions he fills for your patients, you either rob your patient or the druggist.

In order to live we must all receive fees, but every cent should be obtained honorably, and if the public are led to believe in any way, shape or manner that you are interested in the welfare of any particular druggist, it will reflect against you.

The only favor which it is proper for you to accept from a druggist is his offer to supply yourself and your family with medicines at cost. Symbols, technical terms and private marks furnished to a favorite druggist to enable him alone to understand the meaning of your terms, suggests trickery and deceit.

If a patient asks you how much a pharmacist will charge for the prescription you hand him, state that you cannot say, and also that some drugs not only cost twenty times as much as others, but fluctuate far more in prices. If you state that the druggist will charge forty cents for a prescription and he charges sixty, they may accuse him of overcharging them, or you of very poor judgment, while if the druggist charges thirty cents, they might accuse him of using poor drugs. No matter which way it is, you are very liable to get mixed up in these matters, which should not interest you. If you should, however, prescribe a remedy that is above the average cost, it might be well for you to mention the probable price, and state that there is less profit in costly drugs than cheap drugs. It is well to avoid dealings with pharmacists who manufacture and push the sale of proprietary remedies, as they are irregular rivals.

The work system in almost all American cities is now on an eight hour basis, and by computing on this scale the busy physicians work about six hundred days per year. In addition to this they not only do more for charity and humanity, but also live shorter lives than any other class of people. Considering the time and money spent in college, in obtaining practice, and the money spent in keeping up appearances, and paying expenses, the practice of medicine pays but little dividend for the money

invested. The incomes of physicians are not as large as commonly supposed, many being in a state of poverty and debt all their lives. A New York journal states that not over one hundred physicians in America receive \$50,000 cash per year from their practice, while the average receipts of physicians will not exceed \$900. Statistics show that the average doctor begins practice at twenty-five, and if he practices steadily he dies at fifty-five. Now if you will multiply these thirty years of practice by one thousand, it will give you thirty thousand dollars, which we will say is the life income of the average physician. Now deduct family expenses, clothes, books, instruments, horses, vehicles, drugs, taxes, insurance, and a thousand other things, and what has the doctor left for his years of toil and slavery, and when the harvest is past and the summer has gone and he is driving down the Valley of Death, the amount left behind is far less than the amount earned from similar exertion in other lines.

The ability to accurately determine a patient's condition, and to do the right thing for him at the right time, shows skillfulness and constitutes the difference between success and failure. It is possible for one to know a great deal about the medical profession and yet not be a successful physician. The judicious use of remedies, and not the wholesale renunciation, is the key to success.

The mariner does not lose faith in navigation because ships are tossed by the waves and wrecked in uncontrollable storms, and the farmer does not lose faith in the soil because this year's crops were not up to the standard; neither should the physician lose faith in medicine because he is not able to obtain the results that he is expected to obtain.

It is well to remember that the tolerance of disease is fast increasing, and that medical theories and practice are fast undergoing changes. Science is fast assisting us to distinguish between the self-limited cases and those whose termination is destined to be fatal. The natural history of diseases is better known to-day than it ever was before, and in addition to this we are aware of the almost infinite resources of nature, and also that four out of every twelve patients who send for us would get well without our aid, and that recovery is the rule and death the exception. If there were not a drug on the market, the aid of hygiene, dieting, intelligent exercise, air and diversion would bring about the cure or supposed cure of this one and that one, and therefore we are daily prescribing fewer drugs than before. There is, in a great many cases, as much skill to be shown in withholding drugs at times, as there is in prescribing them, and this being important, should be well considered by every active practitioner.

Quacks. The war against quackery is one that will never end because the day when all physicians

observe the rules of common sense will never come. In this contest you should render as little aid to your adversaries as possible. The proprietors of patent medicines will do business as long as the regular practitioner continues to magnify the importance of his own formulas, for the public quite properly reason out the fact that if Dr. Smith has a good formula for heart trouble, why does he not manufacture, sell it, and make money out of it as Dr. Miles has done, and if Dr. Jones can cure nervousness by his formula, which he says cures his other patients, why does he not put it on the market after the fashion of Dr. Green? In other words, physicians by their lack of tact deliberately drive business away from themselves and send it to Dr. Miles, Dr. Green, and their colleagues. Where the doctor in each case might have made from twenty to fifty dollars and at the same time assisted the patient, he cuts his own throat and assists his opponents, the quack medicine vendor. Again if a doctor states to his patient that his prescription will cure them, the patient argues that "if it will cure me, I will not need to call him again, but will just get the bottle refilled," and the doctor is out of the case, his medicine does not effect a cure, for he cannot watch the various phases of the case and change his remedies to suit circumstances. The result is that the patient

sets him down as a second or third rate, or perhaps a cheap, doctor.

Quack doctors are to be admired for one thing—they do people openly. They are not ashamed to advertise openly and above board with their signatures attached, where hospital surgeons and professors in medical colleges quite frequently phone the reporter to call, and hand him a five or a ten to report some special case or operation, and thus work the public in an underhanded and deceitful manner.

In the city of Detroit there is a surgeon who keeps half tones from his latest photo in at least two of the daily newspaper offices, has at least half a dozen reporters on his staff, and at the same time tells the boys up in the college how serious a crime it is to break the rules of medical ethics.

It is a great injustice to the regular practitioner to have men of this calibre at the head of medical colleges, medical societies, and hospital staffs—men who are nothing less than self-confessed medical hypocrites in high places.

Collecting. Every doctor must live by his practice, and in order to do this, he must establish a regular business system. On system depends success. No one can practice medicine with clearness and penetration when handicapped by poverty, with a worried

mind or distracted health, or if he be met by hungry creditors at every corner, or where your stomach assumes the role of an insurgent. These are but a few of the cares that poverty enrolls and which dwarf the mind of any physician. Thanks may pay you, but it will not pay your tailor, your grocer or your blacksmith. No man can exist on the atmosphere in motion or live by the bubbles of applause.

Even the conductor on the car will stop and put you off while on your way to see your patient if you have not the money to pay your fare. While it is pleasant to be popular, yet neither verbal fame nor air-built popularity, nor checks on the National Bank of Fame will pay your bills. The Long Green, the Glittering Dust, the Wherewith, the Necessary, the Dust, the Coin, the Stuff, or whatever you might call it, is what you need and what you must have, and even if you have practice, you must know how to collect and collect.

There is a certain class of physicians who exhibit far more tact in getting fees than others, and curious as it may be, there are people who will always pay some doctors prompt and others not at all, and even if they do pay them, it is grudgingly and with the feeling as if "Well, I am making you a present of this because you want it and are bound to have it." It may be that they desire to stand well with you,

and if so they will pay you, and if not, they will cause you trouble in obtaining your just dues.

In your business affairs be correct and systematic. Get into the habit of charging for your visits as you make them and never go to bed at night with anything in your head that should be on your books, for it might be gone before morning. The old credit system is in its last stages, and the business of the world is now being done on a cash basis. Years ago people used to settle up every time the sun came back from its trip around the earth, while now ninety-five per cent of the business transacted is settled on a cash basis. It is better to take less and get it cash, than to wait for a larger amount. By rendering your bills with promptness, it educates the people to expect them and be prepared to meet them. It is said that the average patient sends for a doctor in haste and repays him at leisure.

The average patient is apt to estimate a physician's ability by the amount of atmosphere he displaces.

The average patient likes to be humbugged. Any old fad will do so long as it has a new name.

The average patient is willing to pay ten times as much for cutting off his leg as for saving it whole to him.

The average patient, when nearly well of a sickness, will take a bottle of Rotgut's Relief, or a box

of Poopendike's Pills, and to these he will give all the glory, and "the doctor be d——d."

The average patient believes that the os humerus is the funny bone and that the seat of all the finer emotions is in the heart, but he thinks he knows more than the doctor, if he could only express himself.

The average patient has just enough of medical learning to misquote. Best tell him simply that he is sick and that you can make him well, perhaps, if he takes the medicines according to directions.

When you allow a bill to run over its normal time, you are engaging in a certain form of gambling. Never engage in any such risky business as allowing your accounts to run for months. Prompt payments make long friends and insure further business relations. If all doctors were prompt collectors, the business of the profession would be increased one-quarter. People would not purchase so many patent medicines; they would not fool with home remedies; they would call doctors on smaller provocations for having paid their old bill; they would naturally feel freer to run a new one. By rendering your accounts while they are small there is less room for disputes, the services are fresh in the minds of both parties and the value received by your debtors stands out more vividly before them. The public often obtain the idea that some doctors do not pretend to live by

their practice because they are very negligent about collecting. Never get the name of being easy. All bad business traits hurt you and causes the public to lose confidence in you. Three months is plenty long enough to allow a bill to remain unrendered. In sending out accounts make no apology for wanting money. It is bad business. Do not even have printed on your bill-heads "Account rendered every three months" or any thing else of this nature, as it creates the impression that this bill has been sent out along with perhaps one hundred more as a matter of course or habit, and people are very prone to think that out of the whole set of accounts sent out, you will no doubt get plenty of money without them paying you, and so the payment will be again postponed, and so on. The only excuses that will assist you in collecting are in cases where in, say ten days, you have a bill to meet. Notify your delinquent patient of this fact, and ask in a polite manner that they call and remit prior to that date. In this way people will often pay up promptly where they otherwise would not.

One hundred and one accounts are liable to occur to prevent or delay the payment of a physician's bill. While your bill may look small when presented, while the details of your care and attention is fresh in the minds of the patient, yet it always looks larger as time wears on and the minor details,

number of visits and amount of medicine supplied is more faint in the recollection of their recipient. Show to your patients that you are a good business man as well as a good physician, and they will respect you for it. Don't be ashamed to stick to your rights and people will not be ashamed to recommend you to their friends. While there are thousands of Republicans and even Democrats too, who would neither vote for McKinley nor Judge Nash, because they claimed Mark Hanna owned the ganglion of their hearts, yet they express their readiness to vote for Hanna himself were he running for office. Why? Because they respect a good business man, and one who is not afraid to speak out the convictions of a business conscience. I might add that by this reference I am not criticising either President McKinley or the governor-elect of Ohio, but only using this as a reference, because it is a fact.

You are frequently compelled to reduce bills when they become old, in order to get a peaceable settlement and avoid new enemies. This is a frequent cause of lessened receipts. Never let one bill be added to another. If a patient is owing you for two cases of sickness, send the bill for the former case and state that such is the case. The two bills together will look more than twice the size of the two bills rendered at different times.

The best time to talk business is at the time the

business is done or as near to it as possible, and therefore, when dealing with strangers or doubtful people, have your understanding about fees at the first visit or as early in the case as an opportune time presents itself.

No matter how good a judge of humanity you may be, you will frequently never know a man's true value until you touch him financially.

Accept no commission fees either from members of the laity or from surgeons who you may call in to assist you. Do nothing in the absence of light that you would not do in its presence, and your conscience will be so clear that you can read your title to mansions in the sky. The closest test a man can have is on those occasions where money is offered for the performance of doubtful things.

Watch with an eagle eye those members of your following who, to evade paying you, will cease to employ you. To the surprised friends and neighbors the true cause of their changing doctors will be hidden by the hills of dissatisfaction or the falsehood mountains. Little complaints of practically no importance will be magnified from mole-hills into mountains and the true value of your services will be cut down from mountains into mole-hills. This class of deadbeats, in order to cover their trail and prevent their neighbors from finding out the true cause of the change of their opinion of your merits,

will advise them not to employ you. These are the serpents for whom you must beware. When you have reason to believe such will be the case, it is best to see them personally and have a plain understanding about their indebtedness and a time set for settlement, at which do not agree to make any discount. A discount in these cases will be fatal, and by so doing, all chance for settlement is lost, while a plain, pointed and earnest talk will not only get your bill in full, but give you further business, which will be promptly paid without trouble.

Corporations operating mills, factories, railroads, etc., whose employes become injured, and to whom you will be called to treat, are not usually the best of pay. Members or officials of these companies will often send for you at the time for fear of adverse criticism, but this is not construed by the statutes to be binding on them to pay for your services. In these cases, after you have performed the primary duties in regard to the case, go at your earliest convenience to the officers or proper authorities and have a clear understanding as to who will pay your bill. You will be left in the soup (as they call it) in nine cases out of ten if you do not follow this course.

There are always numerous pretexts for avoiding payment. The wealthy will call you to see servants or poor relations or some one else, and upon the presentation of a bill throw the responsibility upon some one other than themselves.

You will find after a short experience that the most important point in your business is not the amount you book, but the amount you collect. On the door leading from your reception-room into your consulting-room an appropriate card to attract attention to the fact that you live by your profession is this: "Office Business Cash." "Those not being able to comply with this request, will please make other arrangements before consulting the doctor." One of the most successful men in Chicago, a man who has made at least \$200,000 out of his profession, has had this on his door from the time he first began to practice. Its advantages are many. It shows your rule, and it also shows that you deviate from this rule only when the understanding regarding payment is satisfactory, and in cases where the patient doubts in regard to the satisfaction of his explanation, if he has the money, he will pay you, and if not, he will pay you more promptly when he does get it. Contrary to the general idea, these cards do not drive practice from you, but rather bring it to you. The Continental Publishing Company keep a stock of cards, as the accompanying cut will show which they send (free of charge), to physicians at prices far below what an ordinary printer would charge for plain work. Very few printers will accept a job for less than one dollar, while for imitation of gold the charges are still higher.

OFFICE CARDS.

No. 1. Imitation Gold.
 $7\frac{1}{3}$ x 14 inches, 20 cts. each.

OFFICE BUSINESS
 CASH.

No. 3. Imitation Gold.
 $7\frac{1}{3}$ x 14 inches, 20 cts. each.

OFFICE
 PRESCRIPTIONS
 AND MEDICINES
 CASH.

No. 6. Blue Ink.
 11 x 14 inches, 20 cts. each.

OFFICE BUSINESS CASH.
 Those not being able to comply with this request, please make other arrangements before consulting the doctor.

No. 2. Imitation Gold.
 $7\frac{1}{3}$ x 14 inches, 20 cts. each.

OFFICE CONSULTATION
 From \$1.00 to \$10 00 cash.

No. 4. Imitation Gold.
 $5\frac{1}{2}$ x 14 inches, 15 cts. each.

ALL MEDICINES CASH.

No. 5. Blue Ink.
 $5\frac{1}{2}$ x 14 inches, 10 cts. each.

PLEASE SHUT THE DOOR

No. 7. Blue Ink.
 11 x 14 inches, 20 cts. each,
 or four for 50 cts.

OFFICE HOURS.

Urgent cases only will prevent the doctor from being in his office at these hours.

From — to — mornings
 From — to — afternoons
 From — to — evenings

When intending to call the doctor, do so as early in the day as possible.

No. 8. Black Ink. $3\frac{2}{3}$ x 7 inches, 5 cts. each.

WALK IN.

No. 9. Black Ink. 7 x 7 inches. Set for 20 cts. Diamond shape.

Front.

Back.

Front.

Back.

THE
 DOCTOR
 WILL BE BACK
 SOON.

THE
 DOCTOR
 IS IN.

OUT.
 Orders left
 on slate or at
 house will be
 promptly
 filled.

THE
 DOCTOR
 IS AT HIS
 RESIDENCE.

The fact that you have a card stating that you will be back soon will hold patients that would otherwise seek some one else, or perhaps leave, intending to call again, and for some reason or other, perhaps from the trivialness of the matter, pay no more attention to it. The fact that you are in, will hold people who may not otherwise know you were busy in your consulting-room, and go out thinking perhaps you were out making a call. When you are out, by posting a card stating that orders left on your slate or at your house will be promptly filled upon your return, will also be of benefit in holding cases. The posting of a card that you are at your residence will send people to the house who might otherwise think you were in the country. The sign, "Walk In," will save you running to the door when you are busy, and perhaps save you a few bashful or modest patients who might otherwise wander away. Medicine should be as much cash in a doctor's office as in a drug-store, and even more so, for the patient usually expects the greater portion of office work to stand at least till the end of the case. These little details might not seem very important, but they all go to make up your business system, and system means more than it is credited with.

When asked by a patient how much he or she be indebted to you, never say you don't know, but will look it up. If the question is asked in regard to an

office consultation, say one dollar, two dollars, or whatever your fee is; don't say about so much, for they will hesitate, thinking perhaps you will lower it to a lesser amount. Do not preface or follow this statement "One Dollar" with even a syllable. In the embarrassment they will pay you, while if other words had been added, it would weaken your case. If the fee is objected to, show surprise and briefly explain the justice of the fee.

In poisoning, midwifery and surgical cases, and other exceptional cases, post your charges on your ledger at once, so that if the party calls at the office to settle quite unexpectedly, as they often do in such cases, you will be able to refer to your ledger at once and state your fee rather than consider the matter before him, and, as it were, decide his fate in his presence. The amount having been already determined and entered on your books, shows that you have placed some thought to the matter and it reduces the prospect for a request to reduce it. Accept fees on Sunday, but render no bills on that day unless you keep Saturday instead.

The bible says that it is better for you to be an infidel than a poor collector. If anyone provide not for his own and especially those of his own house, he is worse than an infidel. This is what Paul said to Timothy nearly two thousand years ago, and

although Paul made mistakes like the rest of us, he was all right in this case.

Do not do too much bookkeeping, but be sure and do enough. When you render a bill, always place the date on which his statement was rendered opposite his name on your ledger, or perhaps better still, just after the amount. In cases of disputes in regard to your charges on your books, correct them if any corrections are to be made, at once, and in the presence of the party who makes the dispute. This will satisfy him and add to the vividness of the bill in his own mind. The cause of the mistake should be explained and apologies offered when prudent.

Undercharges will never obtain business for you. People value you in proportion to the valuation you place on yourself. The public know that if you rate your abilities on a par with your brethren, you will not be satisfied with smaller fees than they obtain. Strive to do your work well and then charge for it. Never be a contract doctor. Doctoring lodges and families by the head, like butchers kill hogs, or shearers shear sheep, should be below your dignity. No physician respects himself who does this. You cannot order the members of a family, the head of which belongs to your lodge, about like you can those who employ you, because they want you and prefer you to all others. Never have anyone employ you because they think they almost are compelled to

because you are a brother Forester and the Forester Lodge Doctor. This practice is never satisfactory.

If you think you can start in with low prices and then raise them, as your ability increases, you will find it very difficult if not impossible. Your former charges will always be appealed to, and your advanced age, skill and experience will count for nothing, and moreover, your patients will think that as they have patronized you year after year, that, instead of increasing your charges, you should lower them. As the prices of the necessities of life increase, so should your fees, but you will find that the fees are no higher than they were half a century ago.

You have probably been told that wise people accommodate themselves to circumstances and take the best they can get, but if it should come to this and you are compelled to take less than the regular fee, make your bill out in full and receipt it as if paid in full. The people will then think they got the full value of the bill, and that you in your generosity threw off or made them a present of a portion of it. In this way you do not lower your scale of charges, and no one can say you are a cheap doctor.

When making out a bill against a banker, lumberman or wealthy man in any kind of business, make it out in a lump sum and not by visits, medicine, etc. In these cases present the bill in person and dwell on

the importance of the case, and the extraordinary value of the life you saved. If he insists on an itemized bill, however, make it out promptly and at your regular charges.

Never let anyone, whether rich or poor, think that you would ask any more for your services than their actual value.

It is proper that you should charge double for the first visit, or if there be only one visit made, for these reasons.

An extra amount of time is taken up looking into the history of the case and making a close examination. You are required to give a diagnosis and a prognosis on which you have to stand. A line of treatment must be decided upon, the nurses instructed and the diet ordered and a number of other minor details that are not required at a second visit.

Where urgency or requests detain you at a confinement case more than five hours, you are entitled to an extra fee, and do not fail to charge it. In dangerous cases where you are compelled by the nature of the disease to make two or more calls per day, you have a perfect right to charge your regular fees for each visit. Your responsibility is always increased in these cases and you should be paid for what you assume. When you have two or more cases in the same house, members of the same family, charge

regular rates for the one, and one-half rates for the others.

You will find that some of the very people who grumble about the large bills you present are the very best pay and the very people who do not employ cheap doctors. Charge the maximum fee in these cases.

1. Cases of great exposure.
2. Cases of extraordinary responsibility whether legal or otherwise.
3. Recovery from poisoning.
4. Recovery from small-pox or other loathsome or contagious diseases.
5. Cases where you have had remarkably good luck.
6. Cases where you have been discharged from no fault of yours.
7. Cases among important and distinguished members of the community who have had serious illness, as pneumonia, typhoid fever and kindred diseases.
8. Cases where it is plain to all that your efforts were the means of saving life.
9. Cases which cause anxiety and study.
10. Night visits on cold, rainy nights.
11. Reducing dislocations and setting fractured bones.

12. Cases that have come a great distance to consult you for reasons whatever they may be.

Your services will always be more appreciated when recovery takes place from a small number of visits, and it is difficult to get maximum fees where it appears that unnecessary visits have been made.

Charge by the case.

1. In complex and extraordinary cases.
2. In cases at a distance.
3. In cases that are far-reaching in their effect.
4. In cases you attend at unusual hours in stormy weather, exposing yourself to great dangers.

When patients grumble because you charge the same for office consultation as for a call at the house, explain to them that the majority of cases that consult you at your office consult you but once, while in attendance upon a case at the house is usually repeated a number of times. Uncertainty and responsibility compels you to visit patients frequently at their homes, while office patients return only when the medicine is gone or some great change takes place. Patients who are very exacting when sick, are frequently very slow in paying when well. Always charge misers double fees with ten dollars extra for a certificate in case of death. People will pay you fifty dollars for amputating a limb quicker than they will pay you five dollars for saving it, so that in cases of accident, where your skill and knowledge have been instru-

mental in saving an arm or a leg, charge a good round fee, and if there is any "kick" made, just mention the above facts in this connection.

An old and oft-repeated adage says "There is reason in all things," but this is not the case. There are plenty of people who look at a doctor's bill from the money standpoint, entirely ignoring the value of the service.

Be kind and lenient to the poor and unfortunate, but when people are able, be rigid in requiring them to settle their accounts with you.

Show judgment in your conversation with office patients. Never tell your office patients to call and let you know how they are getting along, but advise them to consult you again. If they drop in to let you know how they are getting along, they will not expect you to charge for it; and if you do, they will not like it, while if you request them to consult you again, they will expect to pay for it. This, with many other similar details, will effect the revenue of your office practice considerably.

When a patient calls at your office and consults you (especially if he be a new patient), and after deferring payment, leads you to believe in any way that it is possible he will be slow pay, make the charge on your books in his presence, and your prospects for payment will be far better.

Never enter into an agreement or contract to treat,

let alone cure, cases of constitutional diseases, chronic sores and ulcers, dyspepsia, catarrh, cancer, epilepsy and kindred diseases for a "contingent fee." No cure no pay is never satisfactory. If you take cases this way, it will be far worse for you than for the patient. You will seldom, if ever, get a cent, and be out the cost of your medicine in addition to your time, and besides get the name of taking cases on this plan, which will be very injurious to you. People will expect you to make the old young, cure chronic cases and then wait a year to see whether the disease returns before they will pay you on the no cure no pay plan. In the meantime the patient may die of some other disease, move away, or some other doctor may tell them they are not entirely cured, and you will have about one chance in a million to get your money, and if you do, it will be paid grudgingly. If you guarantee no results and charge for your services, you will not be as likely to be charged with incompetence and malpractice, as if you made a guarantee or semi-guarantee.

When you once accept a case, you are morally bound, even after you make a call or two and find there is no possible chance of remuneration, to fulfill your duty. In these cases, however, you may ask them to pay you as you proceed, and that the same will naturally encourage you to take deeper

interest in the case and inspire you to do your very best for the patient's welfare.

People with broken down constitutions, ulcerated legs, chronic eczema, constitutional syphilis and other diseases in which the treatment will be long drawn out, covering months and probably years, will desire you to wait until the case is ended before paying you. Never do this, as they may die suddenly, move away, stop treatment, start using patent medicine or slip away from you in some other way, and you will lose your time, medicines, etc., for which you may never receive even thanks.

When people take offense at the receipt of your statement and ask you to wait and wait, state to them that you live by your practice and are totally unable to continue without the assurance that a portion at least of your account will be paid in a short time.

When you are dealing with people who do not deserve confidence, or where you expect disputes purposely to offset and defer payment, require your fee paid in advance. In private diseases it is well to demand your fees at the commencement of the case. If you do not, your chances for collecting the same will grow less as the case progresses. The treatment of the private diseases of men and women are never satisfactory unless this rule of advance payment is enforced rigidly.

The excuses that this class of people have for not paying the doctor are many. "He did me no good." "He did not know what was the matter." "He almost killed me." "I would have been dead had I continued with him," etc. Again, when they do not pay you until you send a bill or collector, this offends them and they feel indignant and often never pay it, and if forced to do it, they frequently do you harm enough by their falsehoods to fully offset the claim, and more too.

When attending transients and strangers, or people injured in drunken rows, etc., make it a rule to get your fees in advance or at each visit.

You have no moral nor legal right to expose the nature of a patient's illness because he does not pay his bill.

Voluntary indulgence and not providential misfortune is usually the cause of venereal diseases. This is a sufficient reason why this class of patients have not the same natural claim on the physician's sympathy as other patients. In case a patient suffering with a venereal disease pays you by the visit, if the case is prolonged, as is often the case, they are very often led to think that the physician in attendance is prolonging the case purposely to run up a large bill, and he is apt to leave you; while, if he pay a lump sum in advance, he is not so apt to leave you and will not charge you with running up a bill,

while on the other hand he will consider that you are doing your best to cure him in order to get the case off your hands at the earliest possible date.

When you diagnose a case, as syphilis, and are sure that your diagnosis is correct, look your patient straight in the face, and in a manner which indicates practical knowledge, say to him that in your opinion he has a straight, plain case of true syphilis. Never agree to take charge of a case of syphilis for a small fee, as the disease is grave, the responsibility is great, and the treatment must cover a year or so at least in order to be effective.

The fee question can be broached to people suffering with private diseases in this manner. After making your examination and hearing the history of the case, say to your patient that you understand what his case is and what treatment is required, and that you will take his case for so much, or perhaps better still, that you will take his case provided, your terms will suit him. This compels him to ask what your charges will be, and you can then state your charges (and how payments are to be made), explaining the responsibility, and the patient is left in a somewhat embarrassing position, and will, as a rule, accept your terms.

The public, a great many of them, labor under the false impression that physicians are to a certain extent public property, and that the statutes compel

them to do as they are bid whether they are to receive pay or no pay, but this is not true. For any reason, satisfactory to yourself, you have a perfect right to refuse to attend any case unless it be an emergency where humanity commands you to attend at least until the first necessities of the case are cared for. The public are often very severe in their criticism of physicians who refuse to attend emergency cases, especially when the excuses are weak, such as, you are not feeling very well, or that you have other calls to make, am at dinner, need sleep, too tired, horses are tired, etc. You have no business to be tired and sleepy, or such a hog that you cannot leave at least a portion of your meal in the care of your family when life depends upon your efforts.

Never attend your wife and family in anything but minor cases. In case of unlooked-for results you might blame yourself or the public might utter caustic remarks. It is a fact that the relations of husband to wife, and father to children, are such that personal interest often prevents a physician from doing his best. Other physicians will always be at your command in such cases and will consider it an honor to be in attendance upon your family.

When you have once sent a bill to a patient and received no reply, either personally or otherwise, send him another in thirty days marked duplicate,

and dated on the same date as the previous bill. This will not only remind those who have accidentally neglected you, but also let the parties (who thought perhaps if they let the matter drop you would) know that you expected and were after your fee.

When you have your bill-heads printed, insert "Amount now on books" or "Balance on books," this will let them know that you keep books, and that your books are evidence of their indebtedness. When you make a written or verbal request, state that the amount is on the books and you desire to get it off as soon as possible, or at once. There is something about the fact that if you let a man know so much is booked against him, he usually wants to get it paid up and off the books.

When you know or expect that the next visit will be your last, by stating it to the head of the household or the one perhaps next to the head in their absence, they will sometimes be prepared at the last visit to settle the account or at least a portion of it. By stating to your convalescent patients who are just able to walk out for them to call at your office during office hours, and let you know and see how they are getting along, they will often ask regarding your bill and pay you part or in full or set a time to settle the account. By having them call during office hours, they will not be as apt to remain long,

while if they came at some other time, they being weak and naturally tired, might consume valuable time.

Divide your collecting business up in four classes. There is one class of patients, prompt paying usually, who you might better let ask for their statements themselves, another class to whom it is advisable to send statements by mail, another class to whom it would be better if you would send your collector with the statement, and another class to whom the statement might better be delivered by yourself. A little care in these matters will often assist you greatly in your collections.

In the rendering of accounts it is better not to send itemized bills. Make it a lump sum from —— to —— and they will frequently call at the office for an itemized bill, when you will meet them personally, make out the itemized bill from your books in their presence, or in case the head of the household calls merely by running over the items with him, it may be all he desires. This brings the settlement to a climax, he either pays you there or states when he will. If you have your ledger before you until this matter is settled, and when the date is made for settlement, just take your pen and make a note on his account in the ledger to that effect.

On all payments of more than one or two dollars, it is best to give receipts whether requested or not.

If people say they do not desire a receipt, state that it is always your practice to give receipts and hand it to them. This will prevent disputes and shows a business system.

Although you should exercise skill and tact and obtain every cent that is due you that it is possible for you to collect, yet you should not show greed or be oppressive. Remember the poor widows and orphans and other objects of pity.

Dr. William Kitchen, while practicing in New York City, in 1872, was called one evening to an overcrowded tenement house to visit a widow who lay sick, with a babe in her arms and two other small children at her side. The woman told a pitiful story of the absence of food for the children and her inability to keep up under the strain caused by the appeals of her children for food, in addition to her sickness, and this she gave as an excuse for sending for him when she knew she had not the wherewith to pay him. Upon inquiry the doctor found that her husband had died a year previous, since which she had sustained her family by washing. The doctor's heart being aroused by the circumstances and honesty of the woman as well as the apparent needs, provided her with the immediate necessities, attended her gratis, and was the means of obtaining for her transportation to Bremen, where she had wealthy relatives from whom she desired to hide her

poverty. Circumstances were such upon her arrival that she could not repay the doctor for his kindness at that time, but twenty-two years later, falling heir to a portion of an estate, she remembered the doctor to the sum of \$15,000. While this is one out of many instances, yet it shows the feeling displayed by the worthy poor for acts of kindness, and but one of the advantages a man with a whole heart has over one who will force his patients to pawn their watches and jewelry, or mortgage their effects to satisfy his greed for money. The statutes should have a clause making it a crime for a physician who "duns his patients while dying." Never hold anything as security for medical attendance or charge exorbitant interest because bills are not paid just at the proper time, not only because it creates hostile feelings that even time cannot efface, but because it is morally wrong.

Make no charges for certificates of sickness or vaccination. The clubs and lodges who pay money on your certificate of sickness will then have no reason to think that you are interested, and the families whose children you vaccinate will consider it a personal favor.

Affidavits made before a court officer or magistrate, causing you to leave your office, should be charged for at only a nominal fee. Let your mind dwell well on the feasibility of bringing suits to obtain

your fees. As a rule there is no money in it unless the object of the suit is more for the maintenance of your reputation than the money. It is well to remember that the court-room is a breeder of prejudices and enemies.

If you are called to a case where you find the object of your call beyond the aid of human hands, as in accidents, heart failures or murders, or where another physician is already in attendance, it is better to make no charge, unless the call caused you a long drive, or in some way was mismanaged on the part of some intimate and well-to-do friend of the patient. Trifling advice given to patients, when they call to settle their bills, is better considered as a personal favor than professional advice. All doctors, on special occasions, give prescriptions under circumstances, where, although they may be technically entitled to a fee, self-interest prevents him from charging or accepting it even if tendered.

Never make a charge that would come from the pocket of a brother practitioner. Attend the families of other physicians gratis. If you honestly believe that a minister, whose family you attend, is conscientious in his belief, make no charge, but if you have good reason to believe otherwise, and his salary is pretty fair in size, charge him your regular fees. If you make no charge and are tendered a fee by a pastor, accept it; but make out your bill in full and

receipt in full. There is something peculiar about ministers, no matter how high they value your ability, they will seldom throw business your way unless you are on their pay-roll.

Never oppress people with exorbitant charges. Physicians are supposed by their patients (who usually admire them or they would not employ them) to be fair in their charges, and conscientious, sincere and honest in their dealings generally. Where the debtor by force of circumstances is placed at your mercy, as in estates, be fair and not exorbitant in your charges. Be just and your reputation will be lasting, and when you are at a loss to know just what to charge, place yourself in your debtor's place and charge according to the Golden Rule. Never make statements about the exorbitant fees of other physicians in the presence of the laity.

When two doctors take charge of a case together, such as an accident or confinement, the fairest plan to follow is to divide the fee evenly. In order to this a joint fee must be charged and paid to the man who first saw the case, to be divided by him, and one-half paid to the other doctor at the earliest possible date.

Should another doctor be called in your absence to attend one of your cases, express your thanks at the earliest convenience and request him to send in his

bill for the same. The fact that he responded to the call expressed his kindness to you.

Fee-tables should never be too high nor too low, but reasonable, and should always make allowance for attendance on those in medium circumstances and the worthy poor.

Never carry away unused articles from the sick-room that other people have paid for, such as splints, medicines, instruments or anything else, without stating at the time that you will make a reasonable allowance for the same, and be careful not to consume too much brandy, wine or liquor that is intended for the sick, for by so doing you will surely be criticised and charged with dishonesty.

Never conceal the fact that cases of contagious diseases exist in the neighborhood, as it may sometime revert against you.

In cases where young women are supposed, but not known, to be pregnant, be very careful to express any opinion regarding it, especially if the young lady denies ever having had carnal relations when you put the question pointedly to her in the absence of others. To pronounce a virtuous woman pregnant may blast her entire future, and it is sure to place an everlasting stain on your good judgment.

Join the medical societies in your vicinity, provided they are not advertising schemes. Societies of this nature, held up by good purposes, are a protec-

tion to your individual interests as well as your social, fraternal and intellectual. By speaking on various subjects in medical societies it increases your fluency of language and aids your conversational powers, which is a factor greatly underestimated. It gives you an opportunity to meet the profession, and study the qualifications of the different members. It awakens reflection, increases your intellectual grasp and gives you better reasoning power.

Subscribe to one or more medical journals provided they are not loaned to hungry hypocrites for advertising purposes. Four-fifths of the profession, I am sorry to say, have lost all interest in medical journals, because the contributors of matter frequently blow their own bugles so loud that it becomes odious.

Recreation. The busy physician, whose time flits by faster than that of most any other class, should at no time forget that he is mortal and that it is his duty to prolong his life, and get as much out of it in the form of pleasure, while the age for enjoyment remains. In pursuit of your business, neither postpone nor delay anything, and as it is your business to look after your health, do not postpone the time for recreation if you really need it. After a week or two of recreation in the mountains of Virginia, on the Great Lakes, or on the Mississippi River, you will come back to your work bright, fresh and with

renewed vigor. The mere fact that you go away because you need rest, and have the money to go with, shows that your practice is more than an average practice, and while you miss a number of cases while you are gone, in the end it is doubtful whether the cost is as great as usually supposed.

New York and Washington are two cities which every daily newspaper reader desires to visit. They are spoken of as the centers of civilization for America, and to a certain extent this is true, for people living in our large cities, when returning, state that they really did not know what life was before. The cost of an eastern trip is not so great as it was a few years ago, and a little economy of route will enable you to see a great deal for a little money. The only trunk line passing through Washington, Baltimore and Philadelphia to Jersey City, New York and Brooklyn from the West, which gives stop-over privileges in the Capital City, is the oldest railroad in North America, the (B. & O.) Baltimore and Ohio. I have traveled considerable, but I have yet to see anything grander than a daylight trip through the Cumberland Mountains at Oakland, Mountain Lake Park, Deer Park, or about Shenandoah Junction or Harper's Ferry on the Potomac. By taking the B. & O. out of Chicago, St. Louis, Louisville, Toledo, Cleveland, Cincinnati, Columbus or Pittsburg, you not only

have the pleasure of passing through the American Alps, but also through the four great eastern cities. A trip on the lakes by the great palace system of steamers inaugurated by the Detroit and Cleveland, and Cleveland and Buffalo transit companies, is both beneficial and pleasurable. These steamers can be taken at Mackinac, Port Huron, Detroit, Toledo, Cleveland or Buffalo. The scenery on the St. Clair Flats between Detroit and Port Huron is said to rival that of the Rhine. A little leisure, whether for rest, play or amusement, will soothe the troubled waters of a busy life and cause you to resume your duties with a renewed vigor that will more than offset the expense. You, as a physician, work every day in the week, month and year, and while God Almighty demands his children to rest one day in seven, I have not as yet heard that he included physicians. The law of self-preservation, however, is the first law of nature, and the sentence for violating nature's laws by tiring one's brain, shattering one's nerves and fatiguing one's limbs, is said to be twenty years—said years to be spent in some suitable cemetery, and to be deducted from the three score and ten years allotted to nature-abiding citizens.

During the hours devoted to study, general practitioners should not become over-zealous in any one particular branch of study. Your ability to treat

various diseases should be as evenly divided as possible, and not one-sided. There are cases where one doctor does not know one-half as much as his competitor and yet is so dextrous in its use that he is of more real benefit to the public than the other who is better informed. Skill or supposed skill in curing the sick is the great popular test.

In preparing papers for medical societies or articles for journals, never be too hasty in their preparation, as your paper or your article will be looked upon as a mirror of yourself and harm may result from the fact that "the public respect those who think." Your articles should be based on facts and the facts should be closely analyzed and not speculated or theorized upon. Also be brief and logical, using no superfluous or fantangled words. "In brevity there is strength."

Debts. If there is nothing else that you ever do, pay your honest debts, even if you are not able to collect one-half that is due you. Make your expenditures come within your income, and settle your bills as they are contracted. Indebtedness invariably wags the tongues of scandal, and it does not take any more money to pay a bill when it is due than it does a month or two later.

Avoid all habits that are liable to give offence or cause criticism, such as chewing tobacco and spitting about houses where you are called to see patients,

dirty shirt sleeves, cuffs, shirt bosoms, greasy coats, swearing, etc. All these things detract from your dignity and greatly lessen your prestige.

Never be seen making gardens, building fences, painting your house, sawing wood or anything else that would not go to make up a standard physician, as it reflects against you. A physician should play the role of a physician and not the role of a mechanic, carpenter or farmer.

You will find over-anxious people will sometimes desire you to visit them oftener than is necessary or practically live at their house during illness, regardless of expense. In such cases it is best to go when requested, provided it does not interfere with your attendance on other patients. During these visits, however, maintain a professional attitude and don't get into politics, religion or other current subjects, lest your influence and prestige will be lost.

It is best to state to your patients at what date and time you will visit them again. This will not only satisfy them, but leave no doubt in their minds.

Your life as a physician will be full of changes, and being a public character, there is no telling what day you will need the friendship of this, that or the other person, and for this reason it will be well for you to make as few enemies as possible. Avoid all unnecessary discord and discussions unless conscientious scruples interfere. If you are in a local

option town where you are asked on Sunday to write a prescription to enable some poor wretch to obtain liquor, do so without charge. Accept no presents for favors rendered people, they are frequent causes of rupture. Never distribute your photographs broadcast among your patients, for while to-day your friends, they may soon be your enemies, and in showing friends their album they will refer to you in a jeering or harmful manner.

Avoid bickering with farmers and hucksters. If you buy hay, feed, wood, coal, garden-stuff, or anything from those who owe you, either pay them for it or give them a receipt when delivered, the same as if they had paid your case. Never credit a man on your books with potatoes, cabbage, butter, etc., for when the squaring-up time comes, it may lead to dissatisfaction. "Do business on business principles."

Avoid frivolity, jokes and clownish actions, and remember that bar-room familiarity is a breeder of contempt and scandal. See that people do not pass the limit of propriety with "Hello Doc." Dining at houses has a leveling effect which destroys prestige. Strive to make your visits satisfactory, show interest in your patients and your ambition to obtain practice will be realized. Be courteous in your fault-finding, and give no cause for resentment.

Never get married for prestige, for this talk about

its assisting you [in your business is all nonsense. There are hundreds of people who prefer a single man who has no one at home to cart news to regarding their condition and circumstances. If you should remark that you think you would do better if married, it is equivalent to admitting that the public consider you somewhat of a bull. No sensible person will refuse to employ a physician because he is single, it is because single doctors are usually young that they do not employ them, and not because they are unmarried.

You will often witness the cares, misery and anxieties that result from marriages which have been entered into to satisfy lust or desire for money. Detrimental family relations should never be risked or entered into by anyone, and as for the physician, it is extremely injurious to him.

Every person desires a medical attendant who is lucky and conservative.

It is difficult for a physician to succeed in practice without first receiving the good will of nurses, matrons and other influential members of the female sex. It is well to remember that women and children comprise four-fifths of the population, and that more sickness prevails among them than among men. The qualities which appeal to the emotions of woman, secure from her, her good will.

The faculty of impressing the public with a favor-

able opinion as regards your adaptability to your calling is a potent factor and one well worth cultivating. Strive to eradicate and conceal your faults and mistakes and to give prominence to your good qualities. If you can please and make friends of those who call you in emergency cases, you will find it a factor that will greatly assist you.

If you are able to remember people's names, and especially the names of children, you will find that it will not only help you to obtain their good graces, but also create a favorable influence with the mothers and other members of the household. The likes and dislikes of children will have much to do with controlling your destiny. Medicine that children take easily has often assisted physicians to obtain practice in after years when they grow into manhood and womanhood.

Rely not on social influence to assist you in obtaining a practice, and remember that self-interest is the great influencer of the public. You may be a great factor in society and yet when these people get sick and perhaps at death's door, they look for the man in whom they are able to place the most confidence, regardless of society. Faith is the controlling guide which chooses the physician. Be considerate and courteous to all, especially when you are not in good humor. Politeness and courtesy, when planted

broadcast, are seeds that bear good fruit and should be carefully cultivated.

When people call at your office with a subscription list for athletic sports, churches or lodge purposes, or to help some poor unfortunate, subscribe and do it freely, not grudgingly, otherwise you may be called stingy.

After recovery from sickness or absence from home, it is perfectly proper and just that you should place a card in the papers to the effect that you have returned, or recovered, and are ready for business, giving name and location of office.

Everybody can see and judge the price and quality of articles sold by merchants, and this makes it perfectly proper for them to call attention to their goods and wares by advertising in papers or by hand-bills, and it is because they cannot judge as to the actual merit and knowledge possessed by members of the medical profession that it is improper for physicians to advertise.

If another physician, either by absence or sickness, is unable to attend to a patient, and you are asked to assume his duties, try to do him as little harm as possible and never change the medicine abruptly. Radical changes are harmful to the previous physician and often to the patient.

Show respect for physicians who have seen years of practice. Never underestimate or show contempt

for your seniors. Old physicians have an intuitive perception that enables them to more wisely choose their remedies and depict a better prognosis. Things which are derived from observation, as skill and knowledge, far outweigh college education and training. Sound judgment and common sense are best obtained from experience and observation. The gray and wrinkled practitioner disregards the finer points, while the young and inexperienced physician disregards the more vital, for the technical and theoretical. Trials, responsibilities, toils, doubts, anxieties, maltreatment, blunders and sufferings have educated the older men to a fuller sense of their duty. Life is a school which we all attend, and the seniors are naturally in advance of the juniors.

After years of practice you will be called to attend patients because, perhaps years before, you have successfully treated other members of the family, and you are supposed to know all the ins and outs in regard to their constitution and ailments. You will find that in these cases you hold a great advantage, and a further demonstration of skill will often cause them to make you their idol.

Experience and skill travel hand in hand, and go to make up just what the public seek in a physician. To be able to show that you possess both of these qualities is an achievement of no mean dimensions. To be able to discern the true nature of disease and

to foresee the degree and duration of a critical case and to give discreet and definite opinions from the start, is a great accomplishment and one possessed by very few young men.

If you are young in practice you will find that to be able to give a good prognosis and to define the length of the illness will be one point where you are weak. Errors in diagnosis and treatment are not so injurious as errors in prognosis, as the former can be somewhat covered up. If you say a patient will recover and he afterwards dies, or if you say he will die and he afterwards lives, he will be a walking monument of your folly. A favorable, a doubtful or a fatal termination should be carefully and skillfully defined, and retained by yourself as long as possible, and to be divulged by you in well-chosen and protected language, only when necessity demands.

When it becomes desirous to tide over the fears of anxious friends and relatives, do no injustice to yourself by stating that the case is less dangerous than it really is. Mistakes of this nature often cause increased sorrow, and cause blame to rest upon your head. Little things which seem trifling at the time often end fatally.

When a patient calls at your office, or when you are called to his house, never ask the awkward question: "What is the matter with you?" People will

tell you that is what they called you for and expect you, their physician, to tell them. It also sounds bad to ask: "Well, how are you to-day?" when you call at later visits. Never quote to patients what this author or that writer has to say about this disease, that disease or the diagnosis, prognosis and treatment of some other disease. It is what you think that people want to know.

Never hand out prescriptions to people where it will be evident to them that you wrote it at your office before you left. It has a bad effect and less confidence is placed in the merits of the medicine. Never let anyone think your prescriptions are of the "gunshot" order. A regular plan of treatment is what people want. Familiarize yourself with the machinery of life by post-mortem examinations, where it will assist you in confirming or correcting your diagnosis. Let the interest of science and the good of humanity be the object of such investigations. Savage as well as civilized nations respect the dead, but yet to use the dead to benefit the living is justification for dissection. Never make a post-mortem on anyone who has died under the care of another physician, to satisfy curiosity-seekers or mischief makers. The dead and living should both be respected by deferring these examinations at least six hours after death.

In the beginning of your professional career you

will find that obstetrical practice is desirable, as many family physicians are made at confinements.

When you are requested to attend a lady in confinement, take out your book and write her name down and about the time she is supposed to be sick. This, done in the presence of the party making the request, will be evidence of an agreement, and later on they will be more apt to employ you and less apt to do without anyone at all or employ some one else. When you are called in difficult cases to help out some midwife, who has more than she can handle, never refuse to go, and when you get there, always assume entire charge of the case yourself. These cases will enable you to show the superiority of the profession to mothers-in-law, grannies and midwives.

In young married women, if the vaginal orifice is extremely small, mention it so that in cases of laceration you will not be blamed.

If you have a larger practice than you can properly attend to, keep it confined to your good-paying families by sending your bills promptly. Make no such excuses for not visiting a patient as "I forgot it." It is unpardonable. Private and secret diseases are only desirable from the standpoint of fees. People who employ you thus frequently go elsewhere when suffering from other causes. A reputation as a clap doctor is not the very best.

In attending some families you will receive the co-

operation of each and all of its members who will overlook your faults and shortcomings and be a great assistance to you, while on the other hand you will meet those who are the reverse, finding fault and criticising at every conceivable pretext, and if no pretext presents itself they will put their heads together and hunt one up.

Discontent caused by harassment keeps one in continual anxiety (drives some to the drink habit and others to the use of cocaine, morphine or chloral), and many into other vocations.

Never ask private questions in the presence of people to whom the patient would not care to divulge his or her private affairs. Be doubly careful if your patient is a female. Never inquire of patients and friends in grocery stores, saloons, barber shops, etc., regarding sickness, as it lowers you in the estimation of all, and besides, many people being sensitive, it may be the means of their breaking off dealings with you entirely.

Beware of inordinate praise, no matter from whose lips it emanates, as it frequently arouses corresponding dislikes, and does you great harm. People who do this may have great confidence in you and be sincere in their remarks, and by stating to them that you fear injury will result, it will not offend them, but will also demonstrate your modesty.

Never allow your wife or near relatives to praise

your ability, as people will naturally reason that there is a sufficient reason other than those given. To secure the good-will of the ruling spirit in the household by honest means is an accomplishment that will facilitate you greatly, as also will the study of the character of those who are liable to become dissatisfied.

In making calls, direct your conversation to the husband and wife, and not the cousins, uncles, aunts, servants or others who might be present.

Use your ordinary voice and never engage in whispers (confidential) in the presence of mischief-makers. In making your visits let the central figure be the patient and banish everything else from your mind. In consultations let the conversation be between yourself and your colleague, and do not diverge into politics, religion, or any other subject. If the diagnosis is to be modified, do it skillfully.

Never consider unkind words hastily spoken by a sick person sufficient cause for insult, as hysterical and peevish people are liable to do and say almost anything. Never convert any one, no matter how much you may confide in them, into a depository for professional secrets.

If you deem it wise to visit patients where you think no apparent cause exists in their minds or their friends, you should explain matters so that they will not consider your calls imposition. Convalescents are usually satisfied with a much shorter visit than those whose condition is stationary. In cases where, upon leaving, you can express your

entire satisfaction with the progress of the case, it is well to do so.

Perform menial work only when necessity and danger require you to do so. Pulling off your coat, vest, collar, tie and rolling up your sleeves as if you were going to clear everything in sight, or put the family out of the house on the slightest provocation, not only injures you, but consumes your time.

Many physicians have lost practice by making careless superficial examination, carelessly reviewing the history of the case, neglecting to definitely name the disease, or by calling it by its wrong name. The people to-day are far more suspecting than they were twenty years ago, and the truth of the matter is that the public are daily losing confidence in the diagnostic ability of physicians. The reason of this lack of confidence is the frequent disagreement of physicians among themselves and the inability to carry out and fulfill the many ridiculous promises that are made.

When a patient is very sick and you are asked if you cannot do more to assist him, it is wise for you to review the case before them and state what you consider contra-indicated. In this way it shows that you have considered these matters and given attention to the details of the case. Never state after you are called to a house that the ailment is trifling or make fun of their desiring you to call. The case might assume an unfavorable condition at any time, and even if it is trifling, they differ from you as is shown by their calling you.

LAWS WHICH ARE COMMON TO ALL STATES.

Any person is regarded as practicing medicine who uses the letters M. D. after his or her name and in some States the use of the words Doctor, Professor, and the letters M. B. is a transgression on the Medical laws.

The usual fine for practicing without license is from \$25 to \$500 and in default of payment imprisonment from 3 to 12 months.

Commissioned officers of the U. S. army, navy or hospital corps are always exempt. Consulting physicians and physicians who practice along the border of States are usually exempt and cases of attempted prosecution are invariably decided in favor of the defendant. Boards are usually empowered to refuse or revoke licenses for the following causes, (1) chronic and persistent inebriety, (2) the practice of criminal abortion, (3) conviction of crime involving moral turpitude, (4) publicly advertising special ability to treat and cure chronic and incurable diseases, (5) where any person shall present to a board of fraudulent papers.

Licenses usually have to be filed with some county officer the fee for the same ranging from 50 cents to one dollar.

Permits to practice until the next meeting of the board are usually refused.

Most States have at least one Eclectic and one Homœopath on the State Board of Medical Examiners and in Materia Medica and Therapeutics these members examine the applicants from their respective schools.

In all cases the ownership of a diploma has to be proven by affidavit.

STATE OF ALABAMA.

Population, 1,513,240. No. of Physicians, 2,033.

Legal diploma from recognized school and examination.

No person shall be permitted to practice any irregular system of medicine in any of its branches or departments as a profession or means of livelihood in this State, without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry and the mechanism of labor, from some authorized board of medical examiners.

STATE OF ARIZONA.

Population, 62,107. No. of Physicians, 151.

Examining board meets quarterly and at such other times as is admissible. Applicants are examined by the board as to

ability to practice, but the law is by no means explicit. Examinations are conducted by representatives of the school of medicine the applicant may choose. Fee, \$5.00. Approved March 18, 1897.

STATE OF ARKANSAS.

Population, 1,128,179. No. of Physicians, 2,395.

Applicants must be graduates of recognized colleges and have attended two courses of lectures of six months each. Diplomas must be exhibited and affidavit made before county clerk. All persons having no diploma are examined by the State Board of Medical Examiners. The fee is \$5.00.

TERRITORY OF ALASKA.

Population, 45,170. No. of Physicians, 36.

Medical laws very indefinite.

STATE OF NORTH CAROLINA.

Population, 1,617,947. No. of Physicians, 1,528.

To avoid delay temporary licenses are granted by the State Board of Medical Examiners. The Board meets once each year. Temporary license fee \$5.00. License fee \$10.00. Applicants are examined on all the regular subjects, but the law does not state whether this examination shall be oral or written.

STATE OF SOUTH CAROLINA.

Population, 1,201,008. No. of Physicians, 1,111.

The State Board of Medical Examiners meet at Columbia on the fourth Tuesday in April each year. Extra meetings are called when necessary. Those having valid credentials are examined as to fitness to practice, and those successful granted a license. The fee is five dollars.

Approved Jan. 4th, 1894.

STATE OF CALIFORNIA.

Population, 1,208,130. No. of Physicians, 3,535.

Every person practicing medicine in any of its departments shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to one of the Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the Board of Examiners shall issue its certificate to that effect, signed by all the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State, shall present himself before said

Board, and submit himself to such examinations as the said Board shall require; and if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

STATE OF COLORADO.

Population, 412,198. No. of Physicians, 1,097.

That every person practicing medicine in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the State Board of Medical Examiners for verification, or furnish other evidence conclusive of his being a graduate of a legally-chartered medical school in good standing; the State Board of Medical Examiners shall issue its certificate to that effect, signed by a majority of the members thereof, and such diploma or evidence shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate of a legally-chartered medical institution in good standing, the person practicing or wishing to practice medicine in this State, shall present himself before said Board of Medical Examiners and submit himself to such examination as defined in section seven of this act, and if the examination be satisfactory to the examiners, the said Board of Medical Examiners shall issue its certificate in accordance with the facts, and the lawful holder of such certificates shall be entitled to all the rights and privileges herein mentioned. All persons who have made the practice of medicine and surgery their profession or business continuously for the period of ten (10) years, and can furnish satisfactory evidence thereof to the State Board of Medical Examiners, shall receive from said board a license to continue practice in the State of Colorado.

STATE OF CONNECTICUT.

Population, 746,258. No. of Physicians, 1,282.

Examining Committees are composed of representatives of all schools.

No person, except as provided, shall, after the first day of October, 1893, obtain or receive a certificate of registration, as required by the provisions of section one, until he has passed a satisfactory examination before a committee to be appointed for the purpose by the State Board of Health, as hereinafter provided, nor until he has filed with said Board of Health duplicate certificates as aforesaid, together with duplicate certificates signed by a majority of one of said examining committees, stating that they have found him qualified to practice either medicine, surgery, or midwifery, and any person filing said certificates shall receive from said State Board of Health, upon the payment of two dollars, a certificate of registration which shall state that the person named has been found qualified so to practice.

DISTRICT OF COLUMBIA.

Population, 230,392. No. of Physicians, 1,139.

That from and after the passage of this act, all persons desiring to practice medicine and surgery in any of their branches in the District of Columbia shall apply to said Board of Medical Supervisors for a license to do so. Applicants shall submit to examination upon the following named branches, to wit: Anatomy, physiology, chemistry, pathology, materia medica and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and the ear, medical jurisprudence, and such other branches as said board shall deem advisable. Each applicant shall be certified by said board for examination as speedily as possible to the Board of Medical Examiners whose members are adherents to the system of medicine which said applicant desires to practice; but said board shall not certify for examination any applicant until satisfactory proof is furnished that he or she is of good moral character and over 21 years of age, nor until he or she has presented a diploma conferring upon him or her the degree of doctor of medicine, issued by some medical college authorized by law to confer such degree: Provided, That said diploma, if issued prior to July first, eighteen hundred and ninety-eight, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June thirtieth, eighteen hundred and ninety-eight, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical and of sufficient severity to test a candidate's fitness to practice medicine and surgery.

Fee, \$10.00. Approved June 3, 1896.

STATE OF NORTH DAKOTA.

Population, 190,000. No. of Physicians, 245.

Applicants are required to present to the State Board of Medical Examiners a diploma from a recognized school requiring three regular courses of six months each, and submit to an examination in medicine in all of its branches. Examinations are held on the first Tuesday in January, April, July and October. The fee for examination is \$25.00.

STATE OF SOUTH DAKOTA.

Population, 334,826. No. of Physicians, 398.

Any person who is a graduate of a lawful Medical College, who has attended three full courses of lectures of six months each, no two courses in the same year, shall upon proof of such facts to the Superintendent of the State Board of Health and upon the payment of the fee of five dollars, receive a license to practice medicine.

Approved Feb. 16, 1893.

STATE OF DELAWARE.

Population, 168,493. No. of Physicians, 264.

The board meets twice each year and issues certificates for license to practice medicine and surgery, to such applicants as have presented such diplomas as hereinafter required and successfully passed the examination hereinafter provided, and the said Medical Council shall have no powers, duties or functions except as provided in this act. All schools of medicine are recognized. Credentials and examinations similar to the requirements of other State Boards. The fee is \$10.00.

STATE OF FLORIDA.

Population, 391,422. No. of Physicians, 703.

All schools are recognized and applicants are examined by representatives of their respective creeds. Examinations are held on all the regular branches of medicine. To avoid delay temporary certificates are granted. Approved May 30th, 1890.

STATE OF GEORGIA.

Population, 1,837,353. No. of Physicians, 2,556.

Diplomas from colleges requiring three full courses of six months each are required. Examination embraces all the regular subjects. The fee is ten dollars.

Approved Dec. 12, 1894.

STATE OF IDAHO.

Population, 84,385. No. of Physicians, 176.

After the passage of this act, every person, except as herein-after provided, desiring to commence the practice of medicine or surgery, or either of them, within this State, shall, immediately and prior to commencing the same, make a written application to the State Medical Examining Board, upon suitably prepared blanks to be furnished by the board, for a license so to do. If said board is not in session at the time of such application, the applicant shall transmit with said application his or her diploma, together with an affidavit setting forth that said diploma is genuine and that the applicant is the rightful possessor thereof and the identical person named therein, and that same was obtained by pursuing the regular course of study, or examination in said institution, and setting forth that he or she is a citizen of the United States, or has declared their intention of becoming such. If the said diploma has been issued by a reputable college of medicine, in good standing, the president and secretary of said board are hereby empowered, and shall issue to said applicant, a temporary license to practice medicine and surgery, or either of them, within this State, which temporary license shall be and remain in force until the next regular or special meeting of the

board, and no longer. Notice of the time and place of said regular or special meeting shall be given said applicant by placing the said notice within the temporary license issued by the board to said applicant. When said regular or special meeting of the board shall convene as stated in the temporary license of said applicant, he or she shall appear thereat in person and present to the board the affidavit and other credentials as required for the temporary license, and if the board find the same true, and that his or her diploma has been issued by a reputable college of medicine in good standing, said applicant shall be eligible to examination and shall submit to an examination in the following branches only, to-wit: Anatomy, physiology, pathology, chemistry, histology, materia medica, therapeutics, preventive medicine, surgery, theory and practice of medicine, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, hygiene, toxicology and medical jurisprudence. Candidates of the homœopathic and eclectic schools shall be examined and rated by the homœopathic and eclectic members of the board, as the case may be, in the special tenets of their respective schools. The board shall cause the examinations to be scientific and practical and sufficiently thorough to test the applicant's fitness to practice medicine and surgery, and if the applicant answers correctly at least seventy-five per cent of all the questions submitted, said board shall grant the applicant a license to practice medicine and surgery in this State. If the board is in session at the time an applicant applies for license, said applicant will not be granted a temporary license but must appear in person before the board and present to the same his or her diploma and credentials hereinbefore mentioned, and if the said applicant be found eligible according to the requirements of this section, he or she shall at once submit to the examination as herein required, and shall be granted a license to practice medicine and surgery in this State if his or her examination reaches the standard of general average herein required. Every applicant for license, under any of the provisions of this act, must furnish sufficient evidence to the board, that they are of good moral character. All applications under this section must be accompanied by fifteen (\$15.00) dollars.

STATE OF INDIANA.

Population, 2,192,404. No. of Physicians, 5,076.

After this law goes into effect, any person desiring to begin the practice of medicine, surgery or obstetrics in this State, shall procure from the State Board of Medical Registration and Examination a certificate that such person is entitled to a license to practice medicine, surgery and obstetrics in the State of Indiana; and in order to procure such certificate the applicant shall submit to the State Board of Medical Registration and Examination his diploma, with an affidavit setting forth the time and under what circumstance said diploma was received, and that the affiant is the person to whom such diploma was issued. Such application shall

be accompanied by the affidavits of two freeholders resident in the same county in which the applicant resides, stating that the applicant is the person named in the accompanying diploma and application for a certificate. All diplomas received by the board shall be returned to the person owning the same. Such applicant shall pay the board the sum of six dollars (\$6.00) at the time of making such application.

STATE OF IOWA.

Population, 1,911,896. No. of Physicians, 3,620.

Section 2576 makes the physicians of the State Board of Health (seven) the Board of Medical Examiners, and the secretary of the former board the secretary of the latter; provides for meetings in May and November and oftener if deemed necessary; provides for issuing two certificates, one on diploma from a recognized medical college, for which the fee is five dollars, and one on examination, for which the fee is twenty dollars. It prescribes the method of examination, and states that a failure to pass the examination will entitle the candidate to a re-examination without additional fee.

STATE OF ILLINOIS.

Population, 3,826,351. No. of Physicians, 8,551.

If an applicant be a graduate in medicine he must present his diploma to the State Board of Health for verification as to its genuineness. If the diploma is found genuine, and from a legally chartered medical institution in good standing, and if the person named therein be the person claiming and presenting the same, the State Board of Health shall issue a certificate to that effect signed by all the members thereof, and such certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State.

If not a graduate, the person practicing medicine in this State shall present himself before said board and submit himself to such examination as the board may require, and if the examination be satisfactory to the board, the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

STATE OF KANSAS.

Population, 1,427,096. No. of Physicians, 2,404.

That it shall be unlawful for any person within the limits of the State of Kansas, who has not attended two full courses of instruction and graduated in some respectable school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not a person of good moral character, to

practice medicine in any of its departments for reward or compensation, for any sick person within the State of Kansas: Provided, That in all cases, when any person has been continuously engaged in the practice of medicine for a period of 10 years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, shall be allowed two years in which to comply with such provisions.

STATE OF KENTUCKY.

Population, 1,858,635. No. of Physicians, 3,338.

It shall be unlawful for any person to practice medicine, in any of its branches, within the limits of this State, who has not exhibited and registered in the County Clerk's office of the county in which he resides his authority for so practicing medicine as herein prescribed, together with his age, address, place of birth, and the school or system of medicine to which he proposes to belong; and the person so registering shall subscribe and verify by oath, before such clerk, an affidavit containing such facts, which, if willfully false, shall subject the affiant to conviction and punishment for perjury.

Authority to practice medicine under this law shall be a certificate from the State Board of Health, and said board shall, upon application, issue the certificate to any reputable physician who is practicing, or who desires to begin the practice of medicine in this State, who possesses any of the following qualifications: First, a diploma from some reputable medical college legally chartered under the laws of this State. Second. A diploma from a reputable and legally chartered medical college of some other State or country, indorsed as such by the State Board of Health.

STATE OF LOUISIANA.

Population, 1,118,587. No. of Physicians, 1,390.

The board composed of physicians and surgeons recommended by the Louisiana State Medical Society shall examine all applicants who propose to practice any other than the homœopathic system of medicine, and the board composed of physicians recommended by Hahnemann State Medical Society shall examine all applicants who propose to practice the homœopathic system of medicine. The certificate of either board shall be conclusive proof of the efficiency of the applicant examined by said board. All examinations held by the boards and the answers of the applicants shall be in writing, and shall be kept as records. All members of both boards shall be appointed by the Governor of the State from a list of names presented by the Louisiana State Medical Society and the Hahnemann State Medical Society, and the Governor shall have the right to remove any or all the members

thereof for inefficiency or neglect of duty, and to fill all vacancies occurring in these boards from names recommended by their respective societies.

STATE OF MAINE.

Population, 661,086. No. of Physicians, 1,129.

It shall be the duty of said board, immediately upon its organization, to notify all persons practicing medicine or surgery for gain or hire as a livelihood in this State, of the provisions of this act, by publication in one or more newspapers in each county, and every such person who is a graduate of a legally chartered medical college or university having power to confer degrees in medicine, and every person who has been a practitioner of medicine and surgery in this State for a period of three years next prior to the passage hereof, shall upon exhibition of satisfactory proof thereof to said board, and upon the payment of a fee of two dollars, be entitled to registration, and said board shall issue a certificate to him signed by the chairman and secretary, and sealed, and said certificate shall state the facts and the cause of said registration, and must be publicly displayed at the person's principal place of business as long as said person continues such practice for gain or hire.

Any person not entitled to registration as aforesaid shall, upon the payment of a fee of ten dollars, be entitled to examination, and if found qualified by a majority of the members of the board present, shall be registered as a physician or surgeon, and shall receive a certificate thereof as provided in section three. Any person refused registration may be re-examined at any regular meeting of said board, within two years of the time of such refusal, without additional fee, and thereafter may be examined as often as they may desire upon the payment of a fee of ten dollars for each examination. Said board, after a conviction before a proper court, for crime in the course of professional business, and after hearing, may be unanimous vote revoke any certificate issued by them and cancel the registration of the person to whom the same was issued. Said board has also power to suspend or revoke any certificate by unanimous vote, in any case where same certificate has been wrongfully obtained or any fraud connected with the said registration. All fees received by the board under this act shall be paid by the secretary thereof into the treasury of the State once in each month.

STATE OF MARYLAND.

Population, 1,042,390. No. of Physicians, 2,019.

Physicians and surgeons of good moral and professional standing who shall hereafter come into this State with intent to follow the practice of medicine and surgery within this State, being graduates of a medical college or university of good standing, or having a certificate or license from a board of medical

examiners of any State where the requirements for practice are equal to those required by the board named in this article, may make application to the president of either board of medical examiners of this State, which application shall be made under oath and shall state when and how long said applicant has been engaged in the practice of medicine and surgery and from what medical college, university, or other institution of learning he or she graduated. And, thereupon, the board of medical examiners shall have the authority and discretion to require applicants to undergo an examination.

STATE OF MASSACHUSETTS.

Population, 2,238,943. No. of Physicians, 4,833.

The State Board of Medical Examiners shall examine all applicants, and only such as are found qualified and shall give satisfactory proof of being twenty-one years of age and of good moral character, shall receive certificates of registration as provided in said act. Provided, however, that said board shall register without examination any applicant whom it may find to be of good moral character, of more than sixty years of age, and a graduate of a legally chartered medical college having power to confer degrees in medicine, and who has been a practitioner of medicine in this commonwealth for a period of ten years next prior to the passage of this act, and who otherwise complies with the provisions of this act.

St. 1897, Chap. 196. Any person . . . shall, upon payment of a fee of twenty dollars, be entitled to examination, and if found qualified by four or more members of said board, shall be registered as a qualified physician, and shall receive a certificate thereof. . . . Any person refused registration may be re-examined at any regular meeting of said board, within two years of the time of such refusal, without additional fee, and thereafter he may be examined as often as he may desire, upon the payment of the fee of ten dollars for each examination.

STATE OF MICHIGAN.

Population, 2,093,889. No. of Physicians, 3,935.

The necessary qualifications to practice medicine in this State shall be—

First—That every person who shall have actually practiced medicine continuously for at least five years in this State, and who is practicing when this act shall take effect, shall be deemed qualified to practice medicine in this State, after having registered in the office of the county clerk, as provided by this act.

Second—Every graduate of any legally-authorized medical college in this State, or in any one of the United States, or in any other country, shall be deemed qualified to practice medicine and surgery in all its departments, after having registered as provided

in this act: Provided, that the provisions of this act shall not be construed so as to prohibit any student or undergraduate from practicing with and under the instruction of any person legally qualified to practice medicine and surgery under and by the provisions of this act. Provided, that every person qualified to practice medicine and surgery under the provisions of this act shall, within three months after this act shall take effect, file with the county clerk of the county wherein he has been engaged in practice, or in which he intends to practice, a statement sworn to before any officer authorized to administer oaths in said county, setting forth, first if he is actually engaged in practice in said county, the length of time he has been engaged in such continuous practice, and where located, when he graduated and the length of time he attended the same, also the school of medicine to which he belongs, and if he is a student or undergraduate, the length of time he has been engaged in the study of medicine; and if he has attended a medical college, the name of the same, and where located, and the length of time so attended and when; also the name and residence of the physician under whose instruction he is practicing or intends to practice.

STATE OF MINNESOTA.

Population, 1,427,643. No. of Physicians, 2,064.

State law requires applicant to present diploma or equivalent from recognized college and to pass an examination on all the important subjects pertaining to medical science. Fee, \$10.00.

STATE OF MISSOURI.

Population, 2,679,184. No. of Physicians, 5,861.

Practitioners of Medicine, Qualifications of.—Every person practicing medicine and surgery, in any of their departments, shall possess the qualifications required by this article. If a graduate of medicine, he shall present his diploma to the State Board of Health for verification as to its genuineness. If the diploma is found to be genuine, and if the person named therein be the person claiming and presenting the same, the State Board of Health shall issue a certificate to that effect, signed by at least four of the members thereof, and such diploma and certificate shall be deemed conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State shall present himself before said board, and submit himself to such an examination as the said board shall require, and if the examination be satisfactory to the examiners the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned. (Laws of 1883, p. 115.)

Board of Health to Issue Certificates, When.—The State Board of Health shall issue certificates to all who shall furnish

satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing, of whatever school or system of medicine. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board. They shall furnish to the county clerks of the several counties a list of all persons receiving certificates: Provided, that nothing in this article shall authorize the Board of Health to make any discrimination against the holders of genuine licenses or diplomas under any school or system of medicine.

STATE OF MISSISSIPPI.

Population, 1,289,600. No. of Physicians, 1,550.

Every person who desires to practice medicine must first obtain a license to do so from the State Board of Health. (For penalty see Sec. 1258.)

Every person who desires to obtain a license to practice medicine must apply therefor, in writing, to the State Board of Health, and must be examined by said board touching his learning in the following branches of medicine only, viz.: Anatomy, chemistry, obstetrics, materia medica, physiology, pathology, surgery, and hygiene; and, if the applicant be found by the board, upon examination, to possess sufficient learning in said branches and be of good moral character, the board shall at once issue to him a license to practice medicine, which shall be signed by each member who approves of its issuance.

The application for license must state: (1) The applicant's name in full; (2) his place of residence and postoffice address; (3) his nativity and age; (4) the time spent by him in medical studies; (5) the name and postoffice address of the preceptor under whom medical studies were pursued; (6) courses of medical lectures attended; (7) name of medical schools attended; (8) if a graduate of a medical college, name thereof; (9) time spent in a hospital; (10) time spent in the practice of medicine, if any; (11) school or system of practice chosen; (12) references as to his personal character.

The State Board of Health shall meet at the capitol on the first Tuesday in the months of April and October in each year, for the purpose of examining applicants for license to practice medicine, and shall continue in session until all applicants are examined and the examinations are approved or disapproved.

The fee is \$10.25.

STATE OF MONTANA.

Population, 132,159. No. of Physicians, 288.

Board of Medical Examiners meet at the capitol on the first Tuesday of April and October in each year. Applicants must furnish a diploma from a legally organized school requiring four

courses of six months each, and submit to an examination in anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence and such other branches as the board shall deem advisable. Applicants graduating prior to July 1st, 1898, are not required to attend four courses of lectures. A permit can be obtained to practice until the next meeting of the board by paying the \$15.00 fee required for examination. Approved March 13th, 1895.

STATE OF NEW HAMPSHIRE.

Population, 395,000. No. of Physicians, 728.

New Hampshire has 3 separate Boards of Medical Examiners of five members each. One board represents the Regular School, one the Homœopaths, and one the Eclectics. The fee required is \$10.00 and the applicant must prove:

First—That he is more than 21 years of age.

Second—That he is of good moral character.

Third—That he is a graduate of a high school or received an equivalent education.

Fourth—That he has studied medicine four full terms of nine months each, in a reputable medical college and received the degree of M. D.

As an equivalent for the third and fourth requirements the Regent shall accept evidence of five or more years of reputable practice.

In addition to this a written examination is held twice each year at Concord, at which the applicant is examined in Anatomy, Physiology, Hygiene, Chemistry, Surgery, Obstetrics, Pathology and Diagnosis, and therapeutics, including practice and Materia Medica. Approved March 16, 1897.

STATE OF NEBRASKA.

Population, 1,059,000. No. of Physicians, 1,423.

The State Board of Health, which consists of the Governor, Attorney General, and the Superintendent of Public Instruction meets at such times as the Governor may designate. The applicant must present a diploma from a medical school in good standing requiring three terms of six months each. Applicants graduating prior to July 1st, 1891, are not required to have attended three courses of six months each. No oral or written examination is required. The fee for registration is \$5.00. Approved March 27th, 1891.

STATE OF NEW YORK.

Population, 5,956,872. No. of Physicians, 11,912.

All requirements for admission should be completed at least one week before examinations.

They are as follows:

1. Evidence that applicant is more than 21 years of age (Form 1).
2. Certificates of moral character from not less than two physicians in good standing (Form 2).
3. Evidence that applicant has the general education required, preliminary to receiving the degree of bachelor or doctor of medicine in this State (Medical student certificate).
4. Evidence that applicant has studied medicine not less than four full school years of at least nine months each, including four satisfactory courses of at least six months each, in four different calendar years in a medical school registered as maintaining at the time a satisfactory standard. New York medical schools and New York medical students shall not be discriminated against by the registration of any medical school out of the State, whose minimum graduation standard is less than that fixed by statute for New York medical schools.

The increase in the required course of medical study from three to four years does not take effect till January 1, 1898, and does not apply to students who matriculated before that date and received the degree of M. D. before January 1, 1902 (Form 1).

First exemption: "The regents may in their discretion accept as the equivalent for any part of the 3d and 4th requirements, evidence of five or more years reputable practice of medicine, provided that such substitution be specified in the license."

5. Evidence that applicant "has received the degree of bachelor or doctor of medicine from some registered medical school, or a diploma or license conferring full right to practice medicine in some foreign country" (Form 3 or original credentials).

6. The candidate must pass examinations in anatomy, physiology and hygiene, chemistry, surgery, obstetrics, pathology and diagnosis, therapeutics, practice and materia medica. The questions "shall be the same for all candidates, except that in therapeutics, practice and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate and shall be in harmony with the tenets of that school as determined by its State Board of Medical Examiners."

Second exemption: "Applicants examined and licensed by other State examining boards registered by the regents as maintaining standards not lower than those provided by this article, and applicants who matriculated in a New York State medical school before June 5, 1890, and who received the degree M. D. from a registered medical school before August 1, 1895, may without further examination, on payment of \$10 to the regents and on submitting such evidence as they may require, receive from them an indorsement of their licenses or diplomas, conferring all rights and privileges of a regents license issued after examination.

7. A fee of \$25 payable in advance.
In effect March 21st, 1896.

TERRITORY OF NEW MEXICO.

Population, 190,000. No. of Physicians, 130.

A diploma must be presented either by mail or in person to the Territorial Board of Health for verification as to its genuineness. If the diploma is found genuine and from a recognized college or school a certificate is issued licensing the holder to practice medicine. Examination is required of non-graduates. The fee for examination shall be \$20. Four regular courses of lectures in four separate years are now required, a resolution to that effect having recently been passed.

STATE OF NEW JERSEY.

Population, 1,400,672. No. of Physicians, 2,057.

The State Board of Medical Examiners meet at the capitol building on the third Tuesday of June and September of each year, and at such other times as the board deem necessary.

At least 10 days before the commencement of examinations the applicant must furnish a written application, on a form supplied by the State Board, together with proof of age, character, preliminary education, and graduation in medicine from a reputable school or college; also evidence that he has studied medicine four years and attended three regular courses. If this application is satisfactory the applicant shall deposit \$25 with the treasurer of the board, which shall be returned to him if he fails to pass.

This examination is in writing and covers the usual branches of study.

Approved May 22, 1894.

STATE OF NEVADA.

Population, 50,000. No. of Physicians, 55.

An applicant to practice medicine in this State must file a copy of his or her diploma with the Recorder of the county in which he or she practice, at the same time exhibiting the original. He or she must be identified by two citizens of the county or by an affidavit signed by himself or herself. Applicants must also obtain an affidavit from the dean of the college at which they graduated certifying as to their graduation.

Approved Jan. 28th, 1875.

STATE OF OHIO.

Population, 3,672,316. No. of Physicians, 8,231.

The State Board of Medical Examiners meet at Columbus the first Tuesday in January, April, July and October. Each applicant deposits his fee of \$5 with the secretary and either in person, by attorney, by mail or express presents his diploma

which must be from a regularly organized and recognized school or college requiring of its graduates four courses of lectures of not less than six months each. Applicants who graduated prior to July, 1899, are only compelled to have attended three courses of lectures of six months each. Although the law does not require it, the board also demands of the applicant an affidavit from the dean of the college at which he or she graduated and the affidavits of two registered physicians as regards morality and standing.

TERRITORY OF OKLAHOMA.

Population, 75,620. No. of Physicians, 457.

No person shall be permitted to practice (medicine) in any of its departments in this territory, unless he be a graduate of a medical college, or unless, upon examination, before a board composed of the superintendent of public health, and two other physicians to be selected by the territorial board of health, such person shall be found proficient in the practice of medicine and surgery, and shall be found upon proof to have been actually engaged in the practice of medicine for a term of not less than five years, and no person shall practice medicine unless he be of good moral character, and is not an habitual drunkard. Any person possessing the qualifications mentioned in this section shall, upon presentation of his diploma, or proof thereof by affidavit, if the same is lost or destroyed, and upon the affidavit of two reputable citizens from the county where he resides, that such applicant possesses the qualifications of a physician as prescribed herein, to the superintendent of public health, together with a fee of \$2, receive from such superintendent of public health a license.

STATE OF OREGON.

Population, 320,000. No. of Physicians, 635.

Medical board consists of three regulars, one eclectic and one homœopathist. Meetings of the board are held at Portland, Oregon, on the first Tuesday of January and July. The law requires a written application and an examination in the subjects as required by other States. The fee for examination is \$10.

Approved Feb. 23, 1895.

STATE OF PENNSYLVANIA.

Population, 5,450,200. No. of Physicians, 9,200.

The State Medical Council hold two meetings each year at Harrisburg and such other meetings at such places as the board shall deem advisable. The Medical Council supervise the examinations, which are held by three State boards, one Regular, one Homœopath and one eclectic. The examination is in writing and very thorough, embracing every subject pertaining to practice in all its branches. The fee for examination is \$25.

The preliminary education required of those desiring to practice in this State is equal to a good high school education, and since September, 1895, preliminary examinations have been required of those not being able to furnish satisfactory credentials.

STATE OF RHODE ISLAND.

Population, 381,607. No. of Physicians, 620.

It is unlawful for any person to practice medicine or surgery in any of its branches, within the limits of this State, who has not exhibited and registered in the city or town clerk's office of the city or town in which he or she resides, his or her authority for so practicing medicine as herein prescribed, together with his or her age, address, place of birth and the school or system of medicine to which he or she proposes to belong; and the person so registering shall subscribe and verify by oath, before such clerk, an affidavit containing such facts, which if wilfully false, shall subject the affiant to conviction and punishment for perjury.

Authority to practice medicine under this law shall be a certificate from the State Board of Health, and said board shall, upon application, issue a certificate to any reputable physician who is practicing, or who desires to begin the practice of medicine or surgery in this State, who possesses any of the following qualifications:

First. A diploma from a reputable and legally chartered medical college, endorsed as such by the State Board of Health.

Second. Satisfactory evidence from the person claiming the same that such person was reputably and honorably engaged in the practice of medicine or surgery in this State prior to January first, one thousand eight hundred and ninety-two. Any person not qualified as hereinbefore provided, before practicing medicine or surgery in this State shall present himself before said State Board of Health and submit himself to such examination as said board may require. Said board shall examine any person presenting himself, and if the examination is satisfactory shall issue its certificate as hereinbefore provided. Provided, any person so presenting himself shall pay to the board the sum of ten dollars for each examination and said fee shall in no case be returned and shall be applied to pay the expenses of the Board of Health. Applicants may present their credentials by mail or by proxy, and the board shall issue its certificates to such applicants as are entitled thereto as though the applicant were present. All the certificates shall be signed by the president and secretary, and attested by seal of the board, and not more than two dollars shall be charged for any certificate.

STATE OF TENNESSEE.

Population, 1,828,641. No. of Physicians, 3,117.

Applicants must present themselves before the State Board of Medical Examiners and be examined in Anatomy, Physiology,

Materia Medica, Practice of Medicine, Surgery, Obstetrics, Chemistry and Pathology. The fee for a certificate is \$5 and the fee for examination is \$10.

STATE OF TEXAS.

Population, 2,235,523. No. of Physicians, 4,828.

The State Board of Medical Examiners meet twice each year in some centrally located city to conduct an examination of applicants. The examination covers the usual subjects. The fee is \$15.

STATE OF UTAH.

Population, 217,004. No. of Physicians, 271.

Examinations are held wholly or partially in writing. Applicant must hold a diploma from a legally chartered college or school and furnish the other usual requirements. The fee is \$15.

STATE OF VERMONT.

Population, 332,422. No. of Physicians, 693.

Medical societies organized under a charter from the General Assembly shall, at each annual session, elect a board of censors, consisting of three members, who shall hold their office till others are elected; which board may examine and license practitioners of medicine, surgery or midwifery.

A practitioner of medicine, surgery or midwifery who, by sign or advertisement, offers his services to the public as practitioner of either medicine, surgery or midwifery, or who, by such sign or advertisement, assumes the title of doctor, shall obtain a certificate from one of such medical societies, either from a county, district or state society.

A person not a resident of this State, who has not received a diploma from a chartered medical college, shall obtain a certificate from a board of censors in this State before he shall be permitted to practice the medical art in this State.

Each board of censors shall issue certificates without fee to physicians and surgeons who furnish evidence, by diploma from a medical college or university or by certificate of examination by an authorized board, which satisfies said censors that the person presenting such credentials has been, after due examination, deemed qualified to practice the branches mentioned in such diploma or certificate.

STATE OF VIRGINIA.

Population, 1,655,980. No. of Physicians, 2,187.

An examination is required by the State Board of Medical Examiners. This examination includes the usual subjects and is thorough. The fee is \$5.

STATE OF WASHINGTON.

Population, 352,000. No. of Physicians, 649.

Hereafter every person desiring to commence the practice of medicine and surgery, or either of them, in any of their or its branches in this state, shall make a written application to said board for a license so to do, which application shall be supported and accompanied by an affidavit of such applicant, setting forth the actual time spent by the applicant in the study of medicine and surgery, and when; whether such study was in an institution of learning, and if so, the name and location thereof, and if not in such institution, where and under whose tutorship the study was prosecuted; the time said applicant shall have been engaged in the actual practice, if at all, of medicine and surgery, or either of them, and where the applicant was located during the time of such practice; and the age of the applicant at the time of making such application; such application and affidavit to be filed and preserved of record in the office of the secretary of said board. Such applicant, at the time and place designated by said board, or at the regular meeting of said board, shall submit to an examination in the following branches, to-wit: Anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicines, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence, and such other branches as the board shall deem advisable. Said board shall cause such examination to be both scientific and practical, and of sufficient severity to test the candidate's fitness to practice medicine and surgery; which examination shall be by written or printed, or partly written and partly printed questions and answers, and the same shall be filed and preserved of record in the office of the secretary of said board. After examination, if the same be satisfactory, said board shall grant a license to such applicant to practice medicine and surgery in the State of Washington; which said license can only be granted by the consent of not less than five members of said board, except as hereinafter provided, and which said license shall be signed by the president and secretary of said board, and attested by the seal thereof. The fee for such examination shall be ten (\$10) dollars.

STATE OF WEST VIRGINIA.

Population, 762,749. No. of Physicians, 1,311.

The State Board of Health shall at such times as a majority of them shall deem proper, hold examinations for the licensing of practitioners of medicine. Such examinations shall be not less in number than three, during each year, and shall be held at such points in the State as shall be most convenient to those presenting themselves for examination to the State Board of Health. At such examinations written or oral questions shall be submitted to the applicants for license, covering all the essential branches

of the sciences of medicine and surgery, and the examination shall be a thorough and decisive test of the knowledge and ability of the applicants. The president and secretary of the State Board of Health shall issue certificates to all who successfully pass the said examination, and such certificates, after being duly recorded as hereinafter provided, shall be deemed licenses to practice medicine and surgery in all their branches in this State.

The State Board of Health shall give timely notice of the time and place of holding each such examination, by publishing such notice in at least three newspapers of general circulation in this State, and all persons wishing to present themselves for examination should notify the secretary of the State Board of Health to that effect. No applicant for license to practice medicine in this State shall be rejected because of his or her adherence to any particular school or theory of medicine. The State Board of Health shall call to their assistance, in the examination of any applicant who professes the homœopathic or eclectic school of medicine, a homœopathic or eclectic physician duly licensed to practice medicine in the State, and such homœopathic or eclectic physician so called to the assistance of the State Board of Health shall be allowed the per diem and actual expenses incurred, hereinafter allowed to regular members of the State Board of Health, provided, however, that the provisions of this and the preceding section shall not apply to physicians living in other States and duly qualified to practice medicine therein, who shall be called into consultation in this State, by a physician legally entitled to practice medicine in this State under these sections.

STATE OF WISCONSIN.

Population, 1,686,880. No. of Physicians, 2,233.

State Board of Medical Examiners meet on the first Tuesday in January, April, July and October. One meeting each year is held in Madison, one in Oshkosh and two in Milwaukee.

All persons hereafter commencing the practice of medicine or surgery in any of their branches in this State shall apply to the said board for license so to do at the time and place designated by said board, or at the regular meeting of said board, and shall submit to an examination in the various branches of medicine and surgery, or present to said board his or her diploma from a medical college that requires after January 1, 1897, at least three courses of not less than six months each before graduation. And after the year 1904, at least four courses of not less than six months each before graduation, no two of said courses to be taken within one twelve-month. The examination in materia medica, therapeutics, and practice of medicine shall be conducted by the members of said board representing the school of medicine which the applicant claims to follow; and the proceedings of the board shall at all reasonable times be open to public inspection. After examination or upon presentation of a satisfactory diploma as hereinbefore provided, the said board shall, if it find the applicant

qualified, grant a license to said applicant to practice medicine and surgery in the State of Wisconsin, which said license can only be granted by the consent of not less than five members of said board, and which said license shall be signed by the president and secretary of the said board and attested by the seal thereof. The fee for such examination shall be fixed by said board, but shall not exceed the sum of ten dollars. When no examination shall be required, and in case a satisfactory diploma as hereinbefore provided shall be presented, the fee shall not exceed five dollars, and such fees shall be paid by the applicant to the treasurer of said board.

STATE OF WYOMING.

Population, 72,000. No. of Physicians, 91.

No person shall practice medicine, surgery or obstetrics in this Territory who has not received a medical education and a diploma from some regularly chartered medical school, said school to have a bona fide existence at the time when said diploma was granted.

CANADA.

BRITISH COLUMBIA.

No. of Physicians, 165.

The law of British Columbia requires a four year course or a three year course and a post-graduate course, an examination as to capacity to practice medicine and a fee of \$100.

MANITOBA.

No. of Physicians, 171. Copy of medical law not received to date.

NEW BRUNSWICK.

No. of Physicians, 247. Copy of medical law not received to date.

NORTH-WEST TERRITORIES.

No. of Physicians, 93.

The Medical Council shall admit upon the register of physicians licensed to practice any person who shall produce from any college or school of medicine and surgery, requiring a four years' course of study, a diploma of qualification; provided, also, that the applicant shall furnish to the Council satisfactory evidence of identification and pass before the members thereof if deemed necessary, or such examiners as may be appointed for the purpose, a satisfactory examination touching his fitness and capacity to practice as a physician and surgeon.

The Council shall admit upon the register any member of any incorporated College of Physicians and Surgeons of any Province of the Dominion of Canada, or any member of any other incorporated body of medical men in Canada exercising powers similar to those conferred by this Ordinance upon the College of Physicians and Surgeons of the North-West Territories, or anyone possessing such qualifications entitling him to be registered as a member of any College of Physicians and Surgeons of any Province of the Dominion of Canada.

Each member shall pay to the Registrar, or to any person deputed by the Registrar to receive it, such annual fee as may be determined by by-law of the Council, not being less than \$1.00, nor more than \$2.00.

NOVA SCOTIA.

No. of Physicians, 378.

No person shall be entitled to have his name entered on the Register of the Provincial Medical Board, or to receive a license to practice from such board unless he shall satisfy the board that he has passed the matriculation or preliminary examination; that after such examination he has followed the studies during a period of not less than four years; that during such four years he has attended at some university, college or incorporated school of medicine in good standing, a graded collegiate course of four sessions of not less than six months each, such course to include satisfactory and sufficient lectures and instruction in anatomy, practical anatomy, chemistry, practical chemistry, physiology, histology, materia medica, pharmacy, therapeutics, surgery, clinical surgery medicine, clinical medicine, obstetrics, practical obstetrics, diseases of women and children, medical jurisprudence, hygiene, pathology (including bacteriology), together with evidence of attendance for a period of not less than twelve months upon the general practice of a hospital, containing not less than fifty beds, under the charge of not less than two physicians or surgeons; that previous to graduation or obtaining a diploma he has passed satisfactory examinations in the subjects of the above curriculum, and that the examinations have been conducted and the diploma granted by a medical school, college, university or licensing body which itself requires a four years' graded course as above appointed, or for want of such degree or diploma has satisfactorily passed an examination in the various branches hereinbefore specified, before examiners to be appointed by the Provincial Medical Board; that he is not less than twenty-one years of age, and that he has paid to the Registrar of the board a fee of twenty dollars. Provided that the foregoing curriculum and regulations be made compulsory only in the case of persons who have begun the study of medicine subsequent to January 1st, 1895, and that the Provincial Medical Board shall have power, subject to the approval of the Governor-in-Council, to make such alterations in the same as may from time to time be required.

ONTARIO.

No. of Physicians, 2,427.

The medical laws of the Province of Ontario being more complex than the laws of other Provinces and States, cannot be mentioned in detail except at great length. In addition to a four year course in a Canadian college, a rigid examination is required. Only two or three American universities are recognized by the board. A copy of the laws will be sent to anyone applying to the Provincial Librarian at Toronto.

, PRINCE EDWARD ISLAND.

No. of Physicians, 80.

Applicant must be a graduate of recognized college, attending at least four courses of six months each, and submit to a rigid examination by the examining board.

QUEBEC.

No. of Physicians, 1,416.

The laws of Quebec are very rigid, American graduates are practically excluded. The law as regards graduation and examination is similar to Ontario, but in order to obtain a full understanding of its details it is necessary to obtain a copy from the secretary at Quebec, Quebec.





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